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Sexual Assault Prevention and R

**SEXUAL ASSAULT PREVENTION AND
RESPONSE IN THE ARMED FORCES**

HEARING

BEFORE THE

TOTAL FORCE SUBCOMMITTEE

OF THE

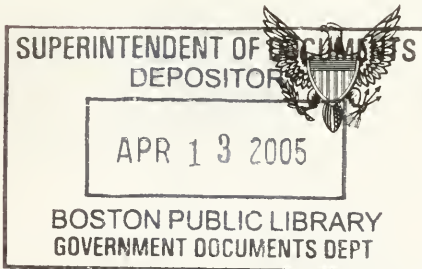
COMMITTEE ON ARMED SERVICES
HOUSE OF REPRESENTATIVES

ONE HUNDRED EIGHTH CONGRESS

SECOND SESSION

HEARING HELD

JUNE 3, 2004



U.S. GOVERNMENT PRINTING OFFICE

96-526

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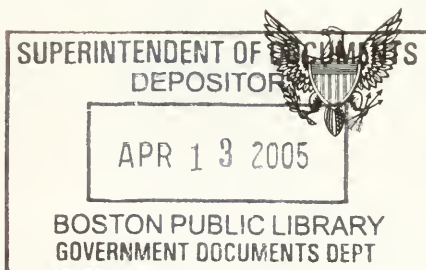
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SEXUAL ASSAULT PREVENTION AND RESPONSE IN THE ARMED FORCES

HOUSE OF REPRESENTATIVES,
COMMITTEE ON ARMED SERVICES,
TOTAL FORCE SUBCOMMITTEE,
Washington, DC, Thursday, June 3, 2004.

The subcommittee met, pursuant to call, at 10:01 a.m., in room 2118, Rayburn House Office Building, Hon. John McHugh (chairman of the subcommittee) presiding.

OPENING STATEMENT OF HON. JOHN M. MCHUGH, A REPRESENTATIVE FROM NEW YORK, CHAIRMAN, TOTAL FORCE SUBCOMMITTEE

Mr. MCHUGH. We will call the hearing to order. But before everybody gets real excited, let me explain something.

We are told—and this all developed as we speak—there will be a vote coming within moments. Thereafter, a new member elected in a special election—and we congratulate her, a new member of the minority party—will be sworn in. Dr. Snyder has asked, pursuant to his leadership's request, understandably, that all members of the caucus be on the floor for that swearing in, that in the interim period, we suspend this hearing.

I am guessing that will probably mean about a 30-minute suspension. I greatly apologize. I know Dr. Snyder does as well. And it is not our intent to impose upon your valuable time.

But Mr. Secretary—Mr. Secretaries—I hope you understand. We have certain protocols. And we have to respect that.

And as I mentioned, this was not in any way foreseen when we scheduled this. However, because Ms. Sanchez is here, the other side has graciously at least allowed us to begin with our opening statements to accommodate that, so that when we get back, there is less of that to do and more opportunity to hear from you.

So if I may, first of all, welcome.

Mr. CHU. Thank you, Mr. Chairman.

Mr. MCHUGH. Thank you all.

I would like to begin by reading a letter that was published this week in the Army Times by Sergeant First Class Laurie Emmer of Fort Bragg. The letter, as she entitled it, is "A Leadership Test." And it sums up, I believe, why we are here today and why we need to be diligent in our efforts to overhaul prevention and response measures related to crimes of sexual assault in the military.

In Sergeant Emmer's letter, she describes herself as a "seasoned and resourceful senior non-commissioned officer and paratrooper." Sergeant Emmer provides her insights from the perspective of being a rape victim and a leader.

She states, "I must advise victims to report a crime if they seek justice. But I believe they should be aware of the treatment they may receive within their chain of command. I am one who regrets reporting my assault."

"My assailant was a non-American soldier. Initially, my chain was fantastic and I was treated well. But after I returned from deployment, I found myself constantly running into stone doors."

The sergeant then continues her letter by describing accounts of her re-victimization resulting from the lack of privacy, victim advocacy and coordinated care as she sought support services.

The sergeant closes her letter with the following advice: "Victims still can be great soldiers. But continued victimization after the rape is demoralizing. My leader book now will contain a list on resources for sexual assault victims in case any of my soldiers goes through this."

"I know, as a leader, it is right to report sexual assault. But as a victim, I regret doing so. No soldiers should ever feel that way, be they male, female, enlisted or officer."

Sergeant Emmer's experience is just another example of the system failing our servicemembers. And I—and I know the other members of this body—are deeply concerned that, over the past 15 years, the Department of Defense (DOD) has been confronted with several major sexual assault and misconduct incidents, including the 1991 Tailhook convention, Aberdeen Proving Ground trainees in 1996 and the more recent Air Force Academy cases.

Despite lessons learned and calls for corrective action, many of the same problems identified in earlier investigations appear to remain unresolved with sexual assaults continuing to plague the military at what can fairly be described as alarming rates. Recently, the Department of Defense and the services conducted a series of assessments of their policies and procedures for preventing and responding to sexual assaults.

I find it to be a positive step that during these reviews the department and services consulted a variety of Federal and civilian experts for their valuable insights, especially as we are constantly reminded that problems of sexual assault are not unique to the military but, as we all sadly know, exist throughout our nation.

Today's hearing is part of the effort of the Total Force Subcommittee to better understand the issues associated with sexual assault in the military and what should be done to provide effective prevention and response measures. And to that end, the subcommittee has several objectives today for this hearing.

Number one, we would like to understand what the 90-day Department of Defense Task Force and the services have found from their assessments of sexual assault policies and programs, including of course the strengths and the weaknesses. Second, we want to know what specific recommendations the Department of Defense and the services have made and what is being implemented in order to assure appropriate prevention and response capabilities and how these measures will be institutionalized and resourced short and long term.

Third, we would like to understand the Department of Veterans Affairs impressions of the Department of Defense's efforts to prevent and respond to sexual assault, the scope of the problem of sex-

ual trauma in our veterans and the needs of veterans who have experienced sexual trauma while in the military. We are fortunate today to have three witnesses who will address the Department of Veterans Affairs (DVA) Sexual Trauma Program. As many of our service members leave the military and transition to the VA system, it is imperative that sexual assault victims have a continuum of care for their emotional and medical needs.

We have eight witnesses on two panels today. And we would like to give each of the witnesses the opportunity to present his or her testimony.

We would respectfully request, when we get to that point, therefore, that the witnesses, to the greatest extent possible, summarize their statements—the highlights—and try to confine their testimony to five minutes or so. And I can assure you that, without objection, all of your comments in their entirety and statements will be made a part of the hearing record.

And I am going to repeat this when there are more members in here. But protocol dictates that I do this now. In addition, the National Alliance to End Sexual Violence and the Miles Foundation have submitted statements to the subcommittee.

If there is no objection, both of these statements will be made part of the hearing record. I suspect there will not be, but I will repeat that later. And we will get to the first panel and withhold the introductions until we do return.

But until that time, I would be happy to yield to the gentlelady from California, who has been one of the real leaders on this issue, someone who is, not just as a member of this subcommittee and the full Committee on Armed Services, but as a citizen of this country, cares deeply about this issue. And I appreciate both her presence here and of course her leadership at all times.

Ms. Sanchez.

Ms. SANCHEZ. Thank you, Mr. Chairman. And first of all, I want to begin by thanking the committee for putting this hearing together today.

As you know, this is a very important and timely issue, especially with the operations tempo that is happening with respect to Iraq. And therefore, it is critical that our servicemembers, especially those serving far from home, are afforded comprehensive resources and medical care in the event of sexual assault.

I would also like to express my thanks to the Department of Defense and the services for acting on this issue.

In late January, I sent a letter to Secretary Rumsfeld with 25 of my colleagues, many of them on this committee, asking for a comprehensive review of existing procedures for investigating and prosecuting sexual assault offenses within the military justice system. We also requested DOD's assessment of victim care and support programs.

DOD quickly launched this review. And I believe that DOD's report, as well as that conducted by the Army and Air Force, gives us an important platform from which to move forward.

I would have to say that yesterday, one of my colleagues, knowing that I have been working on this issue for a while, asked me, "What do you think of these reports?" And the first words out of my mouth were, "Pretty milquetoast."

Now I read the Washington Post article today, for example. I am not one of those people who thinks that everything is going bad or that it is screaming headlines about this. I think what has happened is the news media picked up on this; Congress became—rightly so—outraged about this.

We asked for information. We asked for a study. We asked for reports. DOD is responding to that.

So I think the system is actually working with respect to this. But I think one of the blaring things that comes out of these reports that I have read is really the inability for us to really understand because the data is just not there for us to really understand what is going on.

And probably one of the biggest blaring omissions or inability to calculate is really the crimes that are not reported. And I know a lot about this personally. And I would think that in the military it is even more difficult to report when one has been sexually assaulted.

So I think that this hearing is important for us to have. But I really believe that there needs to be a decision to gather data, to look at services.

And by the way—and I will say it again—I believe there are a significant number of gaps in Article 120 of the Uniform Code of Military Justice (UCMJ), which is used to prosecute sexual assault. And although, Mr. Chairman, I am disappointed that this revision did not make it into the authorizing bill this year, I look forward to working with DOD over the forthcoming months to ensure that a thorough and comprehensive and a powerful revision is made to the UCMJ and we can enact it next year. Thank you.

Mr. McHUGH. Thank the gentlelady for again her leadership. And as I did in the full committee markup, I assure her, her last comments and her leadership in that will not go unrecognized. And we are going to work to make sure that happens.

So with that, we will stand the committee in recess, with my apologies again. We will get back as soon as we can—guesstimate, 30 minutes.

Mr. CHU. Thank you, Mr. Chairman.

[Recess.]

Mr. McHUGH. The hearing will resume order. As we were saying before, thank you to the panelists for being here. Appreciate that and look forward to your comments.

But certainly, before we get to that point, I want to yield to the ranking member, the distinguished gentleman from Arkansas, Dr. Snyder, who on all issues, but certainly on this issue particularly, has been very, very engaged. And I deeply appreciate his professional and unique perspective and his cooperation and partnership in this initiative.

So with that, I would be happy to yield to the gentleman.

[The prepared statement of Mr. McHugh can be found in the Appendix on page 61.]

STATEMENT OF HON. VIC SNYDER, A REPRESENTATIVE FROM ARKANSAS, RANKING MEMBER, TOTAL FORCE SUBCOMMITTEE

Dr. SNYDER. Thank you, Mr. Chairman. And I will be brief. I am sorry I missed your opening statement. I missed the statement of Ms. Sanchez.

We apparently had some bad information from staff. I was sitting in my office at two minutes to 10 saying, "They are not going to begin?" "No, they are not going to begin."

I was actually, if it makes you feel any better, Dr. Chu, I was reading your opening statement. I guess I should have been reading Mr. McHugh's. [Laughter.]

The only thing I will say is this is obviously a very, very important topic. It is also obvious from the work that has been going on the last few months that a lot of work has been going on the last few months.

It appears to me that historically our military has often led the way on social change, whether it is the status of women, the status of minorities. This appears to be one of those areas where, in fact, we fall behind.

And I hope that the efforts that have been going on the last few months and what is going to happen over the next few months and years will put the military at the forefront again of dealing with these issues and the kind of policies that you all want to have in place.

So thank you, Mr. Chairman. I look forward to the testimony.

[The prepared statement of Dr. Snyder can be found in the Appendix on page 63.]

Mr. MCHUGH. I thank the gentleman. And I think this snafu was unavoidable. But to the extent that it has disrupted this hearing, I certainly apologize, not just to him, but to everyone.

I am going to make a special request. And I can only request because, as the chair, I am not going to deny any other member the opportunity to make comments.

But given the fact that we have already delayed the start of this hearing and have impeded upon the valuable time of both panels, I would ask other members if they would consider, rather than making opening statements, to submit their statements for the record.

Having said that, I will ask: do any other members have opening comments? I thank all the members for their cooperation.

And with that, let me introduce the first panel. No stranger to this subcommittee, first is David Chu, under secretary of defense for personnel and readiness—Mr. Secretary, welcome; Ms. Ellen Embrey, deputy assistant secretary of defense for force health protection and readiness, also the chair of the Department of Defense Task Force on Care for Victims of Sexual Assault; Mr. Reginald Brown, the assistant secretary of the Army for manpower and reserve affairs; Mr. William Navas, assistant secretary of the Navy for manpower and reserve affairs; Michael Dominguez, assistant secretary of the Air Force for manpower and reserve affairs.

Welcome, as I said to you all. Let me restate what I stated in my opening comments that I said I would restate, if I can find that. Where would that be? Thank you, yes.

We do have written statements submitted from the National Alliance to End Sexual Violence and the Miles Foundation for submission to the record. And without objection, they will be made part of the record. Hearing none, so ordered.

I also want to announce—I am going to forego that. I will see how that goes.

So with that, having said all that I have to say at this point, Mr. Secretary, I understand you—Secretary Chu—and Ms. Embrey are going to give a semi-joint presentation?

Mr. CHU. Yes, sir.

Mr. MCHUGH. So with that, I would be happy to yield to you or both or either of you, I guess. Welcome.

STATEMENT OF DR. DAVID S.C. CHU, UNDER SECRETARY OF DEFENSE FOR PERSONNEL AND READINESS, DEPARTMENT OF DEFENSE

Dr. CHU. Thank you, Mr. Chairman, Dr. Snyder, members of the subcommittee.

First, let me begin by expressing my thanks broadly for the many things that you in this subcommittee and the large committee have done to support our troops. This is essential, given the many challenges that they face in the global war on terrorism, and particularly in the dangerous and difficult task they have to perform in Afghanistan and Iraq. And we are very grateful for the support because I believe it is essential to their long-term performance of the high-level performance that they have achieved.

We appreciate your willingness to accept our statements for the record. As you have noted, Mr. Chairman, in your opening remarks, sexual assault is a blight on our society, a blight from which the military is unfortunately not immune.

We are heartened by the fact that between the mid-1990's and the early 2000 period, 2002, based upon anonymous self-reports and survey instruments, which the professionals tell me is one of the better ways to measure underlying incidence of issues like sexual assaults, that the rate of sexual assault in the military has been cut in half. But our agenda, as Dr. Snyder has indicated, is to do better than that and, in fact, to help lead the way in this regard.

With that background, the Secretary asked that the department review, as Ms. Sanchez noted, early this year the policies and programs of the department. It is a review Ms. Embrey led. And she will briefly summarize its findings.

I would like, after she has done so, to say just a word or two about our actions to date on those findings and then invite my colleagues to say something about the individual military department similar efforts.

Ellen.

[The joint prepared statement of Dr. Chu and Ms. Embrey can be found in the Appendix on page 143.]

STATEMENT OF ELLEN EMBREY, DEPUTY ASSISTANT SECRETARY OF DEFENSE FOR FORCE HEALTH PROTECTION AND READINESS, CHAIR, DOD TASK FORCE ON CARE FOR VICTIMS OF SEXUAL ASSAULT, DEPARTMENT OF DEFENSE

Ms. EMBREY. Well, thank you for the opportunity to speak today. I will go right into the summary of the task force findings.

The task force found 35 findings that can be characterized as follows: first, current policies and programs focus primarily on deterring sexual harassment and sustaining an optimal climate for day-to-day operations for women and men in the workforce. We found that more direct focus is needed on sexual assault prevention and response.

Further, the task force found that there were no DOD-wide standards, guidelines or policies that address sexual assault prevention.

Second, while military commanders were very concerned when the occasion of a sexual assault was reported, they were often not sufficiently trained or educated or sensitive to the needs of sexual assault victims. We found, generally speaking, that they needed better tools, guidelines and training on sexual assault prevention and response.

In particular, we found that leaders need to better understand the effects that sexual assaults have on a victim and on the unit. They needed to better understand safety and protection measures available to them and others.

They needed to consider privacy and confidentiality issues. And they needed to understand the importance of the role of victim advocates.

With respect to victim support, the task force found that multi-functional teams are needed to respond to victims. We also found that victim advocates that are currently available in the Navy and Marine Corps do make a difference in being responsive to the victims' needs.

We are looking at expanding their role in the department. And research shows that this will make a significant difference in victim care, support and recovery.

Fifth, the task force found a forcewide need for training and awareness to help leaders and servicemembers identify risk factors, how and where to access help, what to expect when care is provided and finally, the importance of reporting.

And based on those 35 findings, which I have broadly summarized, the task force made nine very broad recommendations. Four of them require immediate action.

The first was to establish a single policy office for all sexual assault matters within the office of the Secretary of Defense. Second, we felt that we needed to discuss how best to apply the task force findings and recommendations at a recently held combatant commanders conference.

Third, we felt we needed to leverage departmentwide communication networks to train and inform the force right now on sexual assault matters. And fourth, we felt that we needed to convene a summit to resolve very complex issues that needed the fullest possible input from the services and combatant commanders, much

broader input that could be provided in the 75 days available to this task force.

At that summit, which we hope will be accomplished later this summer, the agenda calls for the department to resolve the confusion on terms, behaviors and legal definitions of sexual assault. We also call to identify the way in which DOD intends to meet the privacy and confidentiality needs of victims; also to assess the best approach for increasing the transparency on the reasons for command dispositions in sexual assault cases; and finally, to develop courses of action on the best ways to deliver sexual assault response capability in remote U.S., overseas and combat locations.

The task force recommended four near-term actions. These include: working with the services to develop DOD-wide policies, guidelines and standards of care; also to establish a Federal advisory council on sexual assault matters.

Additionally, we felt we needed to determine and provide needed fiscal and manpower resources to achieve the objectives that we seek. And last, we felt it was very important to improve data collection and establish effective oversight tools; in particular, fully fielding the defense incident-based reporting system and the development of tools to help the services assess trends and monitor the timeliness and effectiveness of their prevention and response efforts.

The final recommendation is longer term and, if accepted, would establish a quality improvement program that includes periodic reviews, an annual research agenda and performance outcome tracking.

This concludes my opening remarks. And I look forward to answering your questions later.

Dr. CHU. Mr. Chairman, let me say very briefly where we stand on these recommendations. We have, as Ms. Embrey's comments, implied, indeed undertaken the consultation with combatant commanders. She and I spent a very productive, over one hour, with them when they were meeting here in Washington to discuss these findings. And I think they understand the importance of the findings and they understand their responsibility.

The Secretary has told each combatant commander that he expects him to sit down with his principal subordinates and discuss a series of key questions, including the first question always when an incident occurs: are people comfortable in coming forward to report in my command? And the Secretary expects that conversation to continue all the way down the chain of command to the lowest level at which a commissioned officer exercises command in the department and expects to hear back from the combatant commanders about their findings thereon.

We will be establishing the office that Ms. Embrey's report recommends. I hope that will be accomplished in the next few weeks.

And I have set as a goal of the department to put into place by the end of the fiscal year the defense incident-based reporting system that is essential to our improved data needs. It is a software challenge to do it by that date. Whether we can make that date or not, I think is an open question. But that is the goal we have identified.

With that, it would be constructive, if you will permit, Mr. Chairman, to allow each service assistant secretary to say a word or two about the service efforts in this regard.

Mr. Brown.

Mr. BROWN. Mr. Chairman.

Mr. MCHUGH. Mr. Secretary, welcome. I am sorry, please, we are anxiously awaiting your testimony.

STATEMENT OF REGINALD BROWN, ASSISTANT SECRETARY OF THE ARMY FOR MANPOWER AND RESERVE AFFAIRS, DEPARTMENT OF THE ARMY

Secretary BROWN. Okay. Thank you very much for this opportunity. I can say without doubt that the Army is committed to taking care of its soldiers. And sexual assault, as we all know, is a criminal offense. It has no place in our Army, particularly in these days, when the Army is very much dependent on the full participation of women in its ranks in order to accomplish its mission.

Sexual assault degrades our readiness by devastating our ability to work effectively as a team and it is incompatible with our values. The Army takes every allegation of sexual assault seriously and thoroughly investigates all such allegations.

In February, the acting secretary of the Army directed me to establish a task force to accomplish the following tasks: one, conduct a detailed review of the effectiveness of the Army's policies on reporting and addressing allegations of sexual assault; two, review current procedures to ensure a climate in which victims feel free to report allegations and leaders understand their responsibilities; and finally, to recommend changes or additions to current policies to provide clear guidance for addressing sexual assault allegations.

The task force assessed current Army policies and programs and examined available data pertaining to investigations, disposition of offenses, victim services and command climate. This assessment included a review of sexual assault reporting procedures.

The task force examined the Army functional organizations that deal with sexual assault, including those concerned with law enforcement, criminal investigation, legal, medical, chaplain, training and family advocacy matters. And I believe this task force report has been made available to you and the other Members of the Congress.

The task force reached a number of conclusions. Among these is the fact that the Army sexual assault prevention and response policies and programs are not fully integrated. Furthermore, current human relations training programs include prevention of sexual harassment, but address sexual assault prevention and response to a minor extent.

And finally, actions taken when sexual assault is reported vary among commanders.

These and other conclusions reached by the task force are included in my remarks for the record.

The task force has presented a number of recommendations to the acting secretary of the Army. Foremost among these is the creation of a policy focused on education, prevention, integrated victim support, thorough investigation, appropriate action, timely reporting and follow-up and feedback.

Additionally, the Army should create training that integrates sexual assault topics into all leadership, Army values and human relations training. And finally, the Army should establish a program structure to provide support to sexual assault victims through victim advocates and victim advocate coordinators.

The Army has already begun to implement the following specific task force recommendations: the G-1 (Deputy Chief of Staff) of the Army has been assigned the responsibility for the Army's prevention and response to a sexual assault policy and program. They have begun drafting this policy and will incorporate it into Army command policy, disseminating it throughout the Army.

Additionally, they are in the process of evaluating existing capabilities for the development of an integrated sexual assault data management system to accommodate DOD's desire that we be able to report effectively in that regard.

The G-3 (Operations and Readiness) has received money from the Joint Study Council to begin updating existing sexual assault training modules and to develop new training modules. These updates will emphasize sexual assault as a crime that goes against the tenets of warrior ethos and that impact readiness.

The provost marshal general, the commander of U.S. Army Criminal Investigation Command (CID), has sent a message to the field reemphasizing oversight by commanders and compliance with existing AR 190-45—that is law enforcement reporting—and Army Regulation 195-2, criminal investigation activities. They also began work to revise reporting procedures on specialized training for the first responders.

The U.S. Army Criminal Investigation Command has also begun conducting an analysis of U.S. Army Criminal Investigation Command laboratory practices and procedures, using best practices of civilian crime laboratories to identify actions or practices that can be implemented immediately to enhance the effectiveness, efficiency and timeliness of DNA processing.

The Office of the Judge Advocate General has begun development of a Victim-Witness Liaison Client Satisfaction Survey to gauge the program effectiveness and potential areas of improvement with the victim-witness liaison officers.

On March of this year, the Surgeon General directed the development of the standardization of guidelines for the management of sexual assault victims. Included in this directive was the development of an exportable training packet, "Sexual Assault Responder Training," for use by soldiers in garrison or deployed. The training also will include specific sections for the commander, the counselor, the physician and concerned friends and list applicable military regulations and UCMJ provisions.

In conclusion, I would like to emphasize that the report delivered to the acting secretary of the Army represents a comprehensive review of Army's policies and programs as they pertain to the prevention, response and care for the victims of sexual assault. These findings reinforce the belief that proactive involvement by leaders at all levels is the key to successfully addressing sexual assault in the Army.

And I look forward to answering your questions.

[The prepared statement of Secretary Brown can be found in the Appendix on page 157.]

Mr. MCHUGH. Thank you, Secretary Brown.

I next yield to Secretary Navas. Welcome, sir.

STATEMENT OF WILLIAM NAVAS, ASSISTANT SECRETARY OF THE NAVY FOR MANPOWER AND RESERVE AFFAIRS, DEPARTMENT OF THE NAVY

Secretary Navas. Mr. Chairman, Dr. Snyder, distinguished members of the subcommittee, thank you again for the opportunity to appear before you today on behalf of the men and women of our Navy and Marine Corps. Per your request, Mr. Chairman, I will submit my written statement for the record, but I would like to make so me brief remarks.

Once more, I would like to thank the members of this subcommittee and, as a matter of fact the entire Congress, for the strong support you have continuously provided to our nation's military forces. Since the attacks on September 11, we have asked more and more of our military personnel. And they have risen to the challenge.

As we expect our servicemembers to hold themselves to a higher standard every day, it is because of this higher standard that we have the responsibility to place upon our personnel that social ills such as sexual assault must be dealt with immediately and effectively.

The Secretary of the Navy has made clear that there is zero tolerance for sexual assault in the Department of the Navy. Whenever an assault occurs, we act immediately to handle the specific case, take care of the victim, conduct a full and fair investigation and take prompt and remedial action.

The Department of the Navy has focused on finding ways to improve our existing programs. My written statement contains more details about the Navy and Marine Corps Sexual Assault Prevention and Intervention programs. But let me summarize them as follows.

In 1996, the Secretary of the Navy promulgated a Navy instruction—this is the equivalent of the Army regulation; it has that weight—that establishes basic standards and requirements for sexual assault prevention programs within the Department of the Navy. Each of our two services then developed programs based on those general requirements, adapted to the Navy and Marine Corps specific needs.

Our overall Sexual Assault Victim Intervention program, which we will call SAVI for short, is the heart and soul of our ability to properly respond to sexual assault. It focuses on victim advocacy and intervention, two of the keystones in successfully dealing with a sexual assault.

The Navy's SAVI program is a dedicated and resourced sexual assault program in the Department of Defense. The goal is to provide a comprehensive, standardized, gender-neutral, victim-sensitive system to first prevent and second to respond to sexual assault throughout the Navy.

The Marine Corps victim advocate program provides victim advocates 24 hours a day, 7 days a week, for guidance and support of

victims of domestic violence and sexual assault. The Marine Corps is drafting—and I think it is about to be signed by the commandant—a Marine Corps Order 1752-5 entitled “Sexual Assault Prevention and Response Program.” And this goes beyond the victim assistance program and is more in line with the Navy’s SAVI program.

This order provides clear policy and procedures and sexual assault prevention and awareness training; victim support and advocacy and sexual assault reporting and tracking.

The Navy and Marine Corps are committed to improving our effort. And this is an issue that we have to constantly deal with to see where we are and try to seek to improve. We have less data than we would like. And we have heard this as a common theme.

We know from surveys inside and outside the Navy that a significant number of sexual assaults are not reported. That is a problem that we have to deal with.

We continue to improve on data collection by drawing trends from the data we have, so that we can improve our programs, see where they are working, see in other areas where we need to improve.

In closing, this committee’s strong support and commitment to our servicemembers continues to have a positive impact on their well-being. As we work aggressively to address the issue of sexual assault, the challenges remain.

But we are committed to providing the best environment possible for our servicemembers so they can continue to bravely protect the freedoms we all enjoy. I thank you again for your support. And I look forward to answering any questions you might have.

[The prepared statement of Secretary Navas can be found in the Appendix on page 162.]

Mr. MCHUGH. Thank you, sir.

Next, we will hear from Secretary Dominguez, United States Air Force. Welcome, sir.

STATEMENT OF MICHAEL DOMINGUEZ, ASSISTANT SECRETARY OF THE AIR FORCE FOR MANPOWER AND RESERVE AFFAIRS, DEPARTMENT OF THE AIR FORCE

Secretary DOMINGUEZ. Thank you, sir.

Mr. Chairman and distinguished members of the subcommittee, thank you for the opportunity to discuss with you today the important issue of sexual assault in the U.S. Air Force.

Air Force leaders have been working this problem hard for the last 18 months. Our efforts began in January 2003 with receipt by Secretary Roche of an email from an Air Force Academy cadet victim.

Air Force leaders moved decisively, first to correct problems at our academy through the agenda for change; second, to determine whether the Academy situation was more broadly an Air Force problem by commissioning General Begert’s study of rape in the Pacific Air Force; third, to investigate allegations made in the press of assaults at Sheppard Air Force Base; and finally, to launch an Air Force-wide assessment of our sexual assault policies, practices and programs.

Air Force assessment teams visited 85 installations, including visits to installations in Southwest Asia. We reached out to over 100,000 personnel, through interviews, surveys and focus groups.

Even before our assessment was complete, Secretary Roche and General Jumper acted to correct discovered deficiencies. Under their guidance, I began a dialogue with the Office of the Secretary of Defense (OSD) officials over the matter of confidential reporting.

The Secretary and chief of staff established better procedures to coordinate support and assistance for victims, building off a benchmark program at Nellis Air Force Base. They ordered increased Air Force manning and assistance to the U.S. Army's criminal investigation lab to speed forensic evidence to commanders and prosecutors. And finally, they eliminated ambiguity and responsibility for policy and program oversight by vesting that responsibility with me.

Our experience working with former Congresswoman Fowler's panel convinced us of the need to seek help from outside experts. We did so. And the knowledge we gained has shaped our understanding of—and thus, our campaign plan—for dealing with the crimes of sexual assault.

The findings from our Air Force-wide assessment are broadly consistent with the findings of Ms. Embrey's task force, in which we also participated. Importantly, our findings are also consistent with the latest Department of Justice-sponsored research on this subject.

Allow me to highlight a few key observations from that body of work. Sexual assault covers a broader range of behaviors than rape.

Violent rape by strangers does occur. But the larger sexual assault problem involves young people who know each other.

Alcohol is frequently a factor. Complex circumstances make it very difficult to prove and to prosecute. Perpetrators often do not meet society's stereotypes and are therefore difficult to detect. Finally, barriers to reporting of the crime by victims are substantial.

The Justice Department's Fisher Study of calendar year 2000 found that "one in four college-aged women have experienced some form of completed rape or attempted rape."

Dr. David Lisak, a nationally respected consulting expert, concludes, "Sexual violence on that scale can only exist in a culture that facilitates it."

Our attack on sexual assault must therefore be a broad spectrum campaign, aimed at changing or eliminating attitudes, behaviors and beliefs that can be exploited by sexual offenders. A cultural change campaign will extend well beyond a laser-like focus on criminal prosecution of the offender, although that is and must continue to be a priority.

Changing culture will require long-term sustained effort by all of us. But in the armed forces, commanders are, will and must be at the center of the change effort.

Thank you. I look forward to taking your questions.

[The prepared statement of Secretary Dominguez can be found in the Appendix on page 182.]

Mr. MCHUGH. Thank you all. And again, thank you for being here.

I think, fairly so, I am certainly going to start from the premise that all of us here—you at the table, those of us on the committee dais—are abhorred by this circumstance and want to do everything we can to ensure that we put into place effective policies to make a big, big difference.

And if I read your statements, which I have, listen to your comments, certainly look at Ms. Embrey's report, I see a whole lot of good ideas and a whole lot of positive direction. But I think it is impossible to separate ourselves from the history of this.

We did a little analysis over the 15 years, from today in Ms. Embrey's report back, we have had 18 major studies on sexual assault. That is more than one a year. And yet, the 90-day study that Ms. Embrey conducted suggests that, to put it kindly, we have a long way to go before we have in place the kinds of programs, in terms of both prosecution and prevention and response, that are necessary.

How do we begin to reassure, first of all, most importantly, by and large women? It is not just a crime predicated against women, but overwhelmingly the statistics are against women.

How do we assure them that we are serious this time? And how would you assure this Congress?

I just think it is important that we try to convey a sense of sincerity here and genuine purpose, because for 18 studies in 15 years, for whatever reason, it has not happened. How would you respond to that, Mr. Secretary? Secretary Chu?

Dr. CHU. First of all, sir, I think we all subscribe to the central point you make, which is this is a serious and damaging matter. We are dedicated to correcting the failings that we share with our larger society, as you emphasize.

I do think that you can see, over that same period, from the material the Congress has by statute directed we collect, that we are making progress. Your committee requires every four years we conduct a sexual harassment survey, which includes sexual assault in its purview.

And in 1995 and in 2002, that survey was conducted in a way that is consistent so we can measure what is happening. I think the good news is that, both for sexual harassment and sexual assault, there is a substantial reduction in the self-report—these are anonymous surveys, 20,000 respondents from the military ranks—there is substantial reduction in the incidents that individuals report, including cutting the rate of sexual assault in half.

Second good news, I think, in terms of this same 15-year period is that a much higher fraction of our people in 2002 than was true in 1995 believe that we do indeed take it seriously and that their commanders take it seriously and that they have received some degree of training on these issues. That all said, we agree with the premise, I think, of this hearing, which is we can and must do better. And we are committed to that. And we have seen a series of statements.

I do think in the ranks what does help underscore the seriousness of purpose that you have correctly invited us to convey is the fact that the four-star commanders who are the men—and eventually we will have a four-star woman commander too, I am confident—and women to whom our people look up to have made it

publicly clear in their messages that they are carrying out the Secretary's intent: this is wrong; we are determined to root it out; we are determined to prevent it; we are determined to punish those who perpetrate it.

And that, I think, will convey all the way down the chain of command exactly the seriousness of purpose that you are seeking.

Mr. MCHUGH. Any other comments from the panel?

Secretary BROWN. I might add, Mr. Chairman, that in the case of the Army, subsequent to Aberdeen issues of sexual harassment, the Army has implemented a very vigorous program dealing with sexual harassment. And the actual incidence has decreased dramatically.

And it just highlights what can be done when the focus is put on an issue. So the fact that we are focusing on this now, I think is of value.

Secretary DOMINGUEZ. Mr. Chairman, I might add, if I might, the recommendation that Ms. Embrey's task force brought forward of creating an office, where there is a central point of accountability for this issue, it is going to be visible. There will be a place that works this problem and will keep the focus on this problem in the Department of Defense.

Mr. MCHUGH. I appreciate you saying that. Obviously, I cannot say substantively what happened, the other 17 reports. But whatever happened, it was not good enough.

And I can only underscore, I think we are at a crisis point here. I happen to believe that we are at a juncture. And if you listen to Sergeant First Class Emmer's words in her letter, I think we are in real danger of losing the faith and trust of the female contingent in the United States military. And that would be a catastrophe.

And I think that we have a challenge here, not just to have in our hearts the intent of doing the right thing, not just having on paper and procedurally through regulations a system that provides a channel for those right things to happen, but we have a real selling job with a vast population of the United States military's women to ensure that they have some confidence in the reporting system. And I think that Sergeant Emmer's comments, tragic as they are, are not probably singular in their approach.

And this is a time of great challenge. And we cannot afford to let this drop again.

And I have a lot of other questions, but I am going to reserve my time and yield to the ranking member.

Dr. SNYDER. Thank you, Mr. Chairman.

Dr. Chu, in our discussion yesterday in my office and then today you again talked about the progress that has been made over the last several years in terms of the dropping in the survey results, I have some concerns about that, after having read the Army report, that we did not talk about yesterday.

My concern is that the question has changed from 2000 to 2003. And Ms. Embrey, I think you are kind of the analyst and Dr. Chu also.

But on page 40 of the Army report, it says, "In the 2000 survey, 3.2 percent of male and 6.3 percent of female soldiers reported that within the previous 12 months, military personnel and civilian personnel in the workplace had sex without their consent or against

their will.” Had sex without their consent or against their will. That was a little over six percent reporting for women soldiers in 2000.

But in the 2003 survey, the question had changed. And it says, “A new question indicated that four percent of female soldiers reported that ‘they have been subjected to sexual abuse/assault within the past 12 months.’”

And Ms. Embrey, we had some very lengthy discussions yesterday about the confusion about the term “sexual assault” and what is included. And I would bet that a woman who may say, “Yes, I have had sex without my consent or against my will,” may also say, “Well, it was not a sexual assault or sexual abuse.”

And I think we better be careful about reporting, you know, bragging that we had dramatic improvement or halve the rate when to me those are different questions. Would you agree that we may have an analysis question if that has occurred in the other surveys?

Dr. CHU. Sir, I think you are talking about two different surveys here and have confused the overall department survey with the specific Army survey. The departmental survey, administered in 1995 and 2002, did exactly as you correctly require us to do, which is we ask the question the same way. And we do not ask: were you sexually assaulted? for exactly the reasons that you have described.

Instead, we ask about a series of specific things that might have happened to you and then, using a common standard, we score whether this was a sexual assault or not.

Dr. SNYDER. But now the Army survey is the most recent data we have, is it not? It includes the time of deployments overseas.

Dr. CHU. I think, for exactly the reason you have correctly underscored, sir, you cannot use substantially different survey questions to try to describe trends. You have to use the same question.

And that is what was done in 1995 with the DOD-wide survey and again in 2002. Same question, same methodology, does indicate, for both sexual harassment and sexual assault, an important, statistically significant, socially significant reduction in incidents.

Dr. SNYDER. Then we have conflicting data then, do we not, from the 2002 survey?

Dr. CHU. I think you are speaking to Army-specific surveys where the Army—

Dr. SNYDER. Army-specific.

Dr. CHU. They did change the question. And therefore, you cannot use that to detect a trend for exactly the reasons you have underscored, sir.

Dr. SNYDER. I want to take the four percent number. And Secretary Navas—is your name pronounced Navas?

Secretary NAVAS. Navas, yes, sir.

Dr. SNYDER. Navas, yes, thank you. On page four of your opening statement, your written statement, you say that sexual assault is a rare aberration in the Navy and Marine Corps. And if I take Dr. Chu's number of three to four percent—and I have not seen the Navy-and Marine Corps-specific surveys—but I do not know if we want to send a message out to our commanders that three to four percent is a rare aberration.

By my amateurish statistical counting of this room, I think there are over 50 women here. And if I apply the Army data to this, the survey that we have, or Dr. Chu's three to four percent, that would mean that two women in the room in the last 12 months, if they were members of the military, would potentially be in the four percent.

And that is over a 12-month period. If you took a four-year career and add that up, at the end of the career, it would be a significant number.

And I am not sure that I think that we need the word to go out that we are dealing with a problem that is a rare aberration. Three to four percent, as Dr. Chu pointed out, is moving in the right direction. But three to four percent is still not a rare aberration.

Secretary NAVAS. And it might have been a poor choice of words, especially the "rare" piece. It is an aberration. And it is something that we have been trying to bring down.

The trends in the Navy, although they are preliminary, are that we have been coming down.

Dr. SNYDER. Been making progress?

Secretary NAVAS. And we are making progress. And we would like to improve. But one is one too many.

Dr. SNYDER. My final two questions I will just lump together and let Ms. Embrey and Dr. Chu respond. The opening statement from our person from RAINN has an eloquent statement there, consistent with what the chairman said, which is: the time for study is over. Critical to report for not having for immediate action.

And one specific thing that you discussed is this summit. And I would like you to describe in more detail how you see this summit is going to be.

Are we talking about a one-day summit? Are we talking about a four-month summit? Are we talking about something open to the public?

Are we talking about a summit that will be an ongoing summit, getting together? Or will we, at the end of a week, Moses will come down from the mountaintop with a gold plate to tell us what to do?

I mean, what are we specifically talking about, what are the goals? And what can we expect to happen?

And then as part of that, Dr. Chu, do you have any specific recommendations for Congress that we need to be doing, legislative issues that we need to be addressing, that you have already reached conclusions about? So if you would discuss those two issues, and then I am done, Mr. Chairman.

Dr. CHU. Let me say just a word on some of them and then ask Ms. Embrey to offer her perspectives, based upon the task force's findings. What the task force has basically done, in my judgment, is identify a series of issues where the department is not of one mind and not sufficiently focused on the standard we should set or the outcome we want to achieve to allow us to be effective in actually implementing programs.

Back to your question: let's act. Let's not just study further.

And let me take one specific issue and that is confidentiality, which is the intention, with the need of commanders, certainly in terms of the military culture in which we operate, to know what

is going on in their units. We would expect that. You expect that in these hearings, that we are aware of what is occurring.

And yet, of course, awareness by a broad set of commanders immediately places in jeopardy the amount of confidentiality and privacy that you give the victim. The question we have to resolve is: okay, where do we want to draw the line?

The Air Force has, I think, changed its view as a result of the academy reviews that have been held, including importantly Ms. Fowler's recommendations, the findings she reached and the Air Force's interaction with her. And that may be a precedent for us that we want to adopt for the department as a whole.

So what I see as the point of the summit is a multi-day affair where we bring the key advisers of the department together to decide these issues—not to debate them interminably, not to call for more research or further reports, but to decide or to recommend to the decisionmaker, in those cases where they do not have the authority to take the action themselves: here is the right course of action. So our confidentiality and privacy, how are we going to come out?

How does it affect various actors in the department? How does it affect chaplains, for example? How does it affect the psychoanalysts in the department? And so on and so forth.

Those are all sensitive issues. We have to be clear about how we are going to proceed or we can never be successful in implementing programs that are standard across the department in terms of their effect on victims and their effect on both precluding this from occurring in the first place and dealing sensitively and effectively with it, should it happen.

Ellen, do you want to say a few words more about it?

Ms. EMBREY. The task force recommended a summit because we felt that it is a very complex set of issues that requires understanding the various factors that go into why confidentiality is important and why privacy is important, getting clear education to the leaders and decisionmakers about the true barriers to reporting for victims, the difficulties that are coming. And if we are going to make a DOD-wide change, we need: first, people to understand the problems and their complexities; and second, to work together to find proper solutions that we can all accomplish together in a consistent way, that we are all buying into.

And we felt the summit was the best way to do that, bring military and civilian leaders together, as well as appropriate experts from outside, if appropriate, to help people understand the complex factors. I was one of those individuals who had very little background when I started leading this task force.

And I will tell you, based on the experience I had, talking to the victims, talking to commanders, talking to outside experts, this is not an easy issue. And it is something that we all need to understand the complexities and make reasonable decisions about the right way to go.

And a summit, we envisioned a week-long summit, with specific focus on the issues that we identified in the report.

Dr. SNYDER. Did you have any comments, Dr. Chu, about what you need from Congress? Your report specifically mentions DNA.

Dr. CHU. I do not think we have reached any conclusions yet that would recommend special action. If we do reach such conclusions, we will attempt to transmit them as promptly and as efficaciously as we can.

Dr. SNYDER. And that applies to the DNA issue also?

Dr. CHU. Sir?

Dr. SNYDER. That applies to the DNA issue also? Do you have everything you need at this point?

Dr. CHU. My belief is——

Dr. SNYDER. The backlog?

Dr. CHU. Oh, the backlog issue? I think that is a problem the department has to solve on its own. I do not think legislating it is going to be efficacious.

Mr. MCHUGH. Thank the gentleman.

The gentlelady from California, Ms. Sanchez.

Ms. SANCHEZ. Thank you, Mr. Chairman. And thank you for being before us today on this issue in particular. I have done a lot of reading. I have gone over some of those reports that our chairman talked about.

And I do think that this has been going on for a long time and that somehow, the Department of Defense has not really taken this seriously over the years. And I hope that this is, at our insistence, the beginning to try to take this seriously and to do something about it.

I mentioned some of my criticisms of the report in my opening statement. And I am listening to each of the services talk about this.

And in some cases, I would agree. There are some good programs, like the SAVI program in the Navy. Of course, the Navy, I think, has the easiest situation going in that you keep your people together, whether it is on a ship or whether you are home in home port.

It is much more difficult for somebody like the Army or Special Forces or the Marines to be in a combat zone like Afghanistan or Iraq and be able to have the same advocate program or the buddy system or whatever goes on when you are actually in a life-and-death type of a situation every day.

And I would just say that, you know, that is reflective for the Navy, the fact that the Marines have to have a different system and that, quite frankly, that the Marine system still is not working. A couple of weeks ago, I had the calls from Iraq that told me that there were two Marines, women, servicewomen raped that week by our own servicemembers. The Pentagon did not even know it at that time.

So this continues to happen. It is a very difficult thing to deal with.

And I want to concentrate a little bit today on I think the bulk of what is happening right now in Iraq. And I think that would be to the Army and to the Marines because we have the most people out there, in particular the Army.

I am frankly concerned about the state of the Army. I think all of us—you there, us here—want what is best for our soldiers. We want them to succeed.

The task force found glaring deficiency in training on sexual assault issues. Is that the root of the problem? I will ask you, Mr. Secretary, and I will ask Ellen also from the DOD perspective.

Is that the root of the problem, the training about sexual assault issues? Or if not, what is the most significant problem identified in your report, in your opinion?

Secretary BROWN. Army first?

Ms. SANCHEZ. Whichever.

Secretary BROWN. All of the initial entry soldiers receive training in sexual assault. I do not believe that that is the root of the problem in that regard.

Ms. SANCHEZ. So what is the most important problem, Mr. Secretary?

Secretary BROWN. The issue of how leaders handle allegations of sexual assault and their preparation for doing so. I think that is an area where we do need to have additional training. And that was one of the findings of the task force report, that this training needs to be incorporated in leadership training because some of the problems that we have heard surfaced resulted from inappropriate action taken by command.

And so we need to fix that. Let's face it. I mean, sexual assault is a crime. Soldiers are made aware of that. They are made to understand that.

They are told what sexual assault is. They are told what their rights are.

So nevertheless, these crimes happen. Leaders have to know how to handle the situation when it comes to their attention. And that is where training is needed.

The victim advocate coordinators, we intend to create those and place them in deploying Army units. They do not exist now. We think that will be a help.

We have already set in motion preparations to put that in place and train those people. I think that will be a significant contribution, a concrete step toward addressing some of these issues.

Ms. SANCHEZ. Thank you, Mr. Secretary.

And Ms. Embrey? Or Mr. Secretary?

Dr. CHU. Let me invite Ms. Embrey to answer your question of which is the most important problem first and then I will offer my views, if I may.

Ms. EMBREY. I think this is a multifaceted series of problems because you have the most important finding from the perspective of a victim is that we are not well organized to support the victim. Our capabilities exist inherently in the stovepipe functions. But they do not work together as a team to focus on a victim's need from the point of report to the point of their long-term recovery.

That is one of the most important findings. But there are other findings as well.

And one is that the department as a whole has focused on the evolution of how we deal with the sexual behavior continuum, from sex discrimination to sexual harassment to sexual misconduct to indecent assault to sexual assault. There are many, many terms, many different ways to describe behaviors along that continuum.

And it is very confusing to everyone where that behavior falls in, in terms of crime. And that is where the education is needed.

People need clarity. They need to understand what they do and the consequences of what they do.

These are young people. They are sexually active people. They have to know the rules. And they have to know the consequences of their behaviors.

This is something that requires ongoing training, not initial entry. It requires ongoing emphasis and training, both for the force, as well as the leaders, because the leaders are the ones that emphasize and sustain the climate in a positive way. And that is what I think is most important about this report.

Ms. SANCHEZ. Mr. Secretary.

Dr. CHU. I agree with Ms. Embrey that it would be ineffective for us to pick a single aspect and say it is the most significant problem. There are a series of problems here.

Certainly, there is a set that is more important than the others. And among them, like Ms. Embrey, I would identify how we deal with the victim as one of the more important issues that we must confront.

I would assert we do a pretty good job when it comes to a clear criminal act in following up with prosecution or other steps to deal with the perpetrator. But one of our great challenges, as I think you have all emphasized this morning, both in civil society and the military, is the reluctance of victims to come forward, for a variety of reasons. And we cannot deal with issues that are not brought to our attention or that we cannot discover through other means.

And so creating a climate in which victims feel comfortable coming forward is one of the Secretary's principal precepts to the combatant commanders and all the way down the chain of command is one of our foremost objectives here. Throughout, I would want to underscore—and this is key to the whole training issue—that in the long term, our most important objective is prevention.

Because I think all this discussion underscores that once a crime is committed, there is a huge price paid by everyone—a huge loss to the individuals involved, a huge loss to the institution. And so above all, we seek to preclude this from happening in the first place.

We are not naive about how hard that is to do. But it is our objective.

Secretary NAVAS. I think that what I would add is, like my other colleagues here have said, there is not a single issue. We in the Navy see this as a three-legged stool, where you have basically a leadership commitment that has to be there, from the Chief of Naval Operations (CNO) and the commandant down.

And the CNO recently sent a P4—Personal 4—message to all the senior commanders. It is a two-page message basically emphasizing the issues about preventing and making this a leadership issue.

We have to have a system in place that deals with two issues. First is prevention and then, if prevention fails, to deal effectively with the issue. And I have spoken about those levels in my opening statement.

And the third is a continuous vigilance and retraining and reeducation because we are a very young force in general, especially in the Marine Corps, but even in the Navy, where we have individuals working, playing, living together continuously. And this exac-

erbates the opportunities and the risks that we see in the civilian sector.

But among all this, it has to be a values-based concept. We need to imbue that this is not going to happen in my Navy. We are not going to do this to a shipmate. And that is a type of value—the culture that Mike was speaking—that we need to start changing the behavior.

You change culture by changing behavior. We have done great in this country about smoking cessation. We need to start changing the behavior so that then we inculcate those values so that we can prevent these issues.

So I think that this is not a single issue that we should attack, but deal with this as a system of systems, to be able to solve this problem.

Secretary DOMINGUEZ. If I might just offer, the question about the root of the problem, I encourage you to ask to the panel that follows us. And I also encourage you to look at and have the committee ask and receive briefings from the researchers that were sponsored by the Department of Justice and the work they have done on the perpetrator and understanding this as a deeply cultural and societal problem that we also have to deal with.

And certainly as we got into it and I worked with these people, it rocked me back on my heels.

Ms. SANCHEZ. The detainee abuse scandal looms large in everyone's mind today. Many of the abuses that we saw in those incidents were of a sexual or indecent nature.

Do you believe that the problem of sexual assault and detainee abuse by soldiers has a common root cause? And could they both stem from the same training and leadership deficiencies? And are you willing to consider whether there is a common link?

Mr. Secretary.

Dr. CHU. Let me speak for the department on that subject, if I may. First, I will leave it to the psychological profession to analyze whether they think there really is a common root cause. From what I know of both issues, I do not think so.

I certainly do not think it can be ascribed to leadership failures in the manner that is implied by your question. These are very different problems, very different incidence rate, very different situations. And it is a wholly different set of solutions that is necessary to deal with the detainee abuse issue from the issue we are discussing here this morning.

Ms. SANCHEZ. I am also deeply concerned that the problem—thank you, Mr. Chairman.

Mr. MCHUGH. I appreciate the gentlelady. I know she and others have questions. We are going to try to do a second round. But I thought, out of courtesy to our colleagues, we would try to get some of the other members for at least some time before perhaps other duties call.

And with that—and again, thanking the gentlelady from California—I would yield to the gentleman from North Carolina, Mr. Hayes. He has already left.

Dr. Gingrey, the gentleman from Georgia.

Dr. GINGREY. Thank you, Mr. Chairman. Thank you very much. First of all, let me thank each of you, of course, for taking time out of your busy schedules to meet with us today.

Mr. Chairman, thank you of course for holding this hearing on a most important subject. I am glad that we are taking the time to look into the policies and procedures of DOD regarding the issue of sexual assault in this subcommittee. And I hope that there can be some reasonable and measurable changes.

Now I want to make one comment before I ask my question of all the panelists. I think it was stated actually by Assistant Secretary Embrey just a second ago, if I heard correctly, that our greatest need or a very important need is ongoing training. But I do not think there is any more important training than entry level.

All of you have commented on the fact that these are young people—18-, 19-, 20-year olds—and certainly across all branches of the service. And they have to know, these young people coming right out of high school in many instances, maybe coming off a beer and softball team that we read about, some of the activities that might go on right here on Capitol Hill among young staffers. And they need to understand right at the very outset that this is a very serious situation that could potentially end their careers in disgrace and embarrassment and possibly even jail time. So I just want to make that comment. And you may want to address that as well.

But my specific question was: could you comment on two specific things? First, what is your impression of the effectiveness of the Uniform Code of Military Justice, over the years, regarding this issue? And second, if there were a single policy or procedure that were changed or an additional measure added that would provide the greatest benefit and also the greatest likelihood of prevention of sexual assault, what do you think it would be?

And if maybe each of you could comment on that?

Dr. CHU. Perhaps Ms. Embrey would like to comment first because this is an issue her task force explicitly did reach a conclusion on.

Ms. EMBREY. With respect to your comment on initial training, I absolutely agree with you. I just did not think it should only be there.

With respect to the UCMJ and its ability to address the continuum of behaviors we talked about, we believe that in our view, reviewing the case files and reviewing and discussions with several commanders and others, the UCMJ has quite a depth of capability for the commanders and the legal system within the military to address this continuum. Where we felt the issue was, people did not understand the crosswalk between their behaviors and the articles that could cause them to get into trouble. So the issue is not the articles; it is how the individuals understand the relationship between their actions and those articles.

Dr. CHU. Let me, if I could sir, offer my answer and invite my colleagues to join me on the two issues you raised. First, my belief, although this is something worth looking at and your committee has directed we do so, is the UCMJ provides us plenty of authority with which to prosecute perpetrators.

Second, to the single most important policy change we could make, in my judgment, although this is something this summit

needs to confront before we make any final decision, we need to devote more essentially full-time resources to victim advocacy or victim care. I think we have often treated this as an ancillary responsibility.

This is a very difficult situation for anybody to handle. And I do think specialization pays off. And so therefore, more specialized resources devoted to it, I think—so this is within the department's ability to carry forward, in my judgment, but does not necessarily require legislation—a more specialized ability will, in the long run, help us a great deal with one of the important issues here, which is how well do we care for the victims once something happens?

And that includes this problem of, in the military, people move from one place to another. So when you move, much as the letter this morning indicated, great first response, but when you arrive at a new location, then we did not do as good a job, at least in this individual's view.

And so that is one of the things I think we have to overcome. We have to figure out a way that it is seamless. It is 24/7. It is available wherever you might be, including in an employee environment, which is a particularly challenging issue, I think you can appreciate.

Reggie, did you want to add anything?

Secretary BROWN. Well, the only comment I would make to that, I definitely agree on the utility of victim advocacy. But it should be noted that about half—a little less than half of the incidents of sexual assault involving soldiers involve victims who are not soldiers. So there may be some limits to how effective that could be with regard to those cases.

So the good order and discipline ultimately will rule the day. And I think that is probably the single most important feature in a command, is good order and discipline in that command.

Secretary NAVAS. Sir, I think that I would wind up echoing, to a certain degree, the comments. On the UCMJ, I think the joint commission, which is a body established either by law or Presidential directive, that reviews the UCMJ periodically—I think it is on a yearly basis—will be looking at this.

I had 33 years in the Army and now 3 years as an assistant secretary as a civilian. And I think the Uniform Code of Military Justice has served us very well because it deals with the specifics of the military system.

However, if there are some areas there that need to be looked at to bring it more in line with the current mores and modes, I think that is something that the commission will report. And obviously, the Congress has asked us to do that and we will be doing that.

On the single policy, I think that we have whatever policies that are in our purview to do. I think we have the ability to do it. One area that I think that needs further study—and we are going to be doing it in the Navy—is basically creating a seamless environment between the Title 10 functions of the Department of the Navy as a whole and our individuals who are deployed out there under the combatant commanders.

Sometimes, when somebody moves, transfers from one theater to another, from a unit to another, we need to have basically a much better way of handling or handing over these cases. Now that is

easier said than done because you deal then with confidentiality. You deal with the preferences of victims and all of that.

So we have to come to grips with that. And I think that that is a challenge that we have. But I think that if we, as far as the summit, we could discuss these issues and put in place some procedures there. I think that would be very beneficial.

Secretary DOMINGUEZ. Sir, with regard to the UCMJ, I have talked to commanders and to prosecutors about it. But I think probably the most powerful thing is an anecdote that emerged from our look at Sheppard Air Force Base, which is that the sheriff of Wichita Falls is delighted when an assault that happens under his domain, outside the base, involves Air Force people that he can ship then to the commander of Sheppard Air Force base because he knows the UCMJ provides our commanders a richer menu of tools to be able to deal out some justice than he has available to him. So that is with regard to the UCMJ.

But again, we do need to look at it. And that work is ongoing. And we owe that response to you.

With regard to the single most important thing that can be done, it is to resolve this issue of the confidentiality and to create an environment where an injured person has the ability to go someplace to get help and, in the process of that, intelligence about what happened is communicated to commanders and to criminal investigators. Because it is balancing that tension between the individual and their needs and perceptions at this critical moment of their life with the need of a commander to maintain good order and discipline and the independent authority of a criminal investigator to investigate a crime wherever it occurs at their own discretion and not at the control of a commander.

That is a tough problem. And that is the most important thing, in my view, that we need to solve.

Dr. GINGREY. I thank the panel. And I thank you, Mr. Chairman.

Mr. MCHUGH. Thank the gentleman. Just for the record, because it did come up at our markup and it is not going to go away, the UCMJ certainly has its applicabilities with respect to the military environment. There is no, in my opinion, question about that.

But it is also a provision that, in this regard, has not really been updated in decades. And I think there is a sore need for modernization, for harmonization between those provisions, Title 18 also, as Secretary Dominguez was commenting, with respect to the need to accommodate the very real challenges faced by the victim.

And I made a commitment at full committee markup that, hopefully with the cooperation and input from the Joint Service Committee, we are going to take a hard look at that and hopefully affect that modernization and harmonization under a great deal of encouragement and leadership from the gentlelady from California, Ms. Sanchez. So I think it would be helpful if you folks, when you cross back over the river, perhaps helped your folks on the Joint Services Committee recognize that we are awful serious about this. So thank you for that.

And with that, I would yield to the gentlelady—the other gentlelady—from California, Ms. Tauscher.

Ms. TAUSCHER. Thank you, Mr. Chairman. I would like to talk about the anachronistic Article 120 and the missed opportunity

that we had recently to replace that with Title 18 of the Federal law.

I think we all understand that the military is a microcosm of society. And Ms. Embrey, I was very impressed by your eloquence about this kind of spectrum continuum of what is sexual harassment versus what is a violent sexual assault and how people really understand it.

But I really believe that your idea of a summit is something that is long in coming. And what I hope that we can get a guarantee from you, Dr. Chu, today is that this summit will not be the new study, that it will not be the new thing we call the thing that never comes to an end, the thing that does not settle this once and for all.

And what I would like also is a commitment from you that this will be a DOD-wide change. I think that we live in a joint world; we all know that.

The idea that we are going to have stovepipe solutions is not going to solve the problem for our military. And frankly, I think we have to take a lesson from societies past and give the military credit for what it did to end segregation in this country and what it is working to do to end spousal abuse in this country, in its own small way.

And I think what we also need to do and what I have not heard anybody really talk about is: what do we say in our recruiting to young men and women? What do we say to them when we are recruiting them about the value of our military, the value of our society of men and women, what the repercussions for this kind of activity are?

You know, when I go around the world and see these young men and women, they look just like people that I see at home that are going to college and junior college. And they have many of the same raging hormones. And add a little alcohol and that is a combustible scenario that is very, very predictable.

And for some people, I know that there are young men and women who engage in what can be lawfully concluded to be sexual assault that cannot even believe it themselves. I know that there are young men that will live for the rest of their lives knowing that they have not only committed a crime that has ruined their lives, but they have done something desperately wrong to someone that they were meant to not only protect and honor, but with a colleague of theirs, and that they did this under the United States flag.

And I think the confusion that we have in society can help be amended and mitigated by the military aggressively in their recruiting, talking about this among many other things that we talk about. And I hope that part of this opportunity to do a summit will do a number of things.

First and foremost, this needs to be a complete DOD climate change, policy change. This needs to secondarily be from soup to nuts. And it needs to be not only talking clearly through and down to combatant commanders, but really making sure that we are setting forth this as an articulation of our values, but also a clear warning for what this behavior will do, both for men and women.

But Dr. Chu, if you could, for just a second, talk about the opportunity for your side of the fence to talk about this finally getting rid of Article 120, which I think has created more problems for the adjudication and the successful treatment of people that have had these assaults, with the opportunity to take Title 18 on. I do not know if you knew that we were basically told that DOD really just did not want to do it right now.

And we have a commitment from the chairman to work in the next bill. But just look at the statistics. How many more women and how many more young men have to have their lives scarred because we just could not quite get to it this year?

So if you would comment on that, I would appreciate it.

Dr. CHU. I think that I would like to take on the presumption behind the last part of your question, which is that somehow we fail to prosecute or go after wrongdoing because of any limitations in the UCMJ, Article 120 or any other article. I do not think that is actually true.

I think as Mr. Dominguez' anecdote from Texas illustrates, we actually are more vigorous and we have more tools at our disposal. And we are committed to going after wrongdoing.

At the same time, we respect the committee's mark in this year's bill. The department is prepared, if that indeed is the Congress's desire to undertake this review. And we are interested ourselves in looking at this issue in any event.

So we hear Chairman McHugh's injunction to emphasize to the Congress in this matter and your interest and your colleagues' interest. And we will undertake a serious review of this matter, in my estimation.

I do welcome your support for our summit. We see it in terms very similar to the way you see it. It is the opportunity to create a joint approach.

That does not mean that it will be carried out in exactly the same way because the environment on a ship is different from the environment, as Ms. Sanchez emphasized, in the field in Iraq. You have a different set of problems on your hands. You are going to have to tailor the solutions to deal with those problems effectively.

But we cannot have different policies about confidentiality across the department. We have to have a common approach to these things. We have to have common standards—as you have eloquently described, *ma'am*—as to what behavior we expect from our young people.

And we recognize the challenge that you are collectively sending for us. We all acknowledge this is a societal issue. We are part of that larger society.

But we aim to set a higher standard here. And that is our agenda. We have done it with drugs in the military. It did take a period of time.

And that is one thing I would plead, back to I think Dr. Snyder's question about statutory action, is that we recognize it will take time if we are going to do it differently from the way society as a whole handles these things. And to set a standard and provide leadership on the issue for the American public, it will take time to get there.

As my colleagues emphasized, these are cultural changes. And those require determination. I think we have that determination.

They require the commitment of leadership. I think we have that commitment. But they also do require time to be effective.

As Ms. Embrey emphasized in her remarks, it is not just training once at the entry level. It is training and retraining, reminding people what the standard is, especially when they go to different circumstances.

And that is a problem in the military because they go to different parts of the world. And while I do not want to in any way slander any particular nation, there are different cultural attitudes in different parts of the world on a number of these issues.

And we will have to remind people, "Just because you are in country X and the environment is different does not mean that we behave differently here. We behave the same way you would behave at home."

Ms. TAUSCHER. Mr. Chairman, thank you for your time.

Gentleman and lady, I applaud you. I know Secretary Brown from the Board of Visitors of West Point. Secretary Dominguez has come in to see me.

I know that each and every one of you did not necessarily come to this part of your work with a lot of experience. I am glad to hear that all of you have passionately embraced the opportunity to lead on this.

This is a very, very sensitive, troubling environment. People do not like to think about this. They do not like to talk about it. And for that reason, there are tremendous barriers of entry for people to be able to find appropriate ways to acknowledge that this is the dark side of human nature.

We have to deal with it in a very forceful way at the same time, however. As much as we are disinclined to spend time thinking about it and to really understand it, I appreciate the fact that all of you have vigorously worked to do as much as you can.

But time is of utmost importance. I think that our chairman's comments about the chilling effect on young women around this country and their families about the opportunity to serve in the military is something that we probably cannot articulate. We probably do not understand what it is.

But we cannot afford to have it be anything that diminishes the opportunity for young women to serve in the finest military in the world.

So I look forward to hopefully helping and working with you on the summit. If I could just say, Ms. Sanchez has done a tremendous amount of work. And I would also like, Mr. Chairman, to be able to submit for the record Congresswoman Slaughter's statement and some other work that the Women's Caucus has done.

[The prepared statement of Ms. Slaughter can be found in the Appendix on page 70.]

Mr. McHUGH. Without objection, that will be so ordered.

Ms. TAUSCHER. Thank you. And I know that this is something that you are all committed to doing. I just think that we need to redouble our efforts and make sure that this summit ends it—not for good, but at least ends this sense that we are just studying all this to death.

Thank you.

Mr. MCHUGH. Thank the gentlelady.

Go back to Dr. Snyder.

Dr. SNYDER. Thank you, Mr. Chairman.

Dr. Chu, following up on what Ms. Tauscher was talking about there with regard to the summit, and you envision, Ms. Embrey, a weeklong experience of getting the decisionmakers together. And that all sounds very productive.

And then Dr. Chu, you made a comment that we could only make the decision unless some of the decisionmakers were not there. But it is possible, is it not—I mean, there is no reason the joint chiefs could not come? If you have the decisionmakers there, they are all within the department somewhere, except for legislation.

Will that not be a sign of commitment to getting this problem done if we have the decisionmakers there at the summit and that you do not have to go outside the room and put things off because certain people did not attend?

Dr. CHU. I did not mean to suggest by that we are trying to avoid decisions.

Dr. SNYDER. No, no. I am not implying that. What I did hear you saying is you might not be able to get everybody there.

Dr. CHU. I think we will have all the appropriate people there. However, for example, should it involve a different cabinet or department or something like that, it may not be our decision to make.

Dr. SNYDER. Right.

Dr. CHU. And so I just want to emphasize that if the summit reaches a conclusion, it may take a series of administrative steps to get it approved and put into the kind of directive or the kind of vehicle that will ensure its intent is carried out. That is the only import of my comment.

Dr. SNYDER. I understand. But there is nothing to prevent Secretary Rumsfeld and the joint chiefs from attending this summit or participating?

Dr. CHU. No, there is not.

Dr. SNYDER. Ms. Embrey, I want to ask you about this issue of harassment versus assault. And I thought it was interesting, I think in the Army's statement, I think they talk about the same thing you do, which is: pretty good policies for harassment.

It has been going on awhile. Seemed to make good progress. But that has not followed with assault, which I think is interesting because to me the harassment anecdotes that occur are, I would think, would be more confusing. And I am going to illustrate that by way of an anecdote that happened to me personally, if I might.

As Members of Congress, we all come in and we have staffs of 15 to 20 people. And a lot of us are not used to managing people.

And several years ago, I had an experience with a young woman who worked in my office. And I will not divulge who this is. But we had another Member of Congress, a male, who had been flirtatious with her and, at one point, came in my office and did the thing that we perhaps did in fourth grade, but gave up shortly thereafter, which is pointed to something on the wall and, as she looked at the wall, leaned over and kissed her on the cheek.

Now I knew that was not sexual assault. I do not think there was any crime there. But it was certainly juvenile and inappropriate behavior.

But I had some confusion about what to do about that. And I had to go talk to people and figure out how to respond to that.

If my employee, the same woman, had come in the next morning or the day before and said, "I was at a club last night and was raped," I may not know what to do, but I would know immediately I had to do something.

And so as I was reading through your report and the Army's report, I do not have a clear understanding why we are doing so well with harassment and not so well with assault, when I would think that there would be blurrier lines in harassment.

Ms. EMBREY. This is my personal opinion, but it gets back to a lack of clarity about how the behaviors relate to what is a crime and what is inappropriate. It is the same thing, when you are being trained and given awareness training on sexual misconduct, what does that mean? And how does that differ from sexual abuse or indecent assault or sexual trauma or sexual violence?

We have all these terms in play without a description of the behaviors that go along with it. And I think, in the case of the scenario you mentioned, that was an unrequested, nonconsensual kiss, which could be I think classified as indecent assault.

But would the person press charges? Probably not. Probably see that as the extreme end of sexual harassment.

But that is why this summit is very important. We need to draw the line very clearly on what is inappropriate, what we want to control and how and through what system we intend to prosecute.

Because harassment is about a climate. It is about attitudes toward women and men in the workforce.

And assault is different. It is a crime. And in our training programs, our training tends to say we are trying to manage the climate in a productive, useful way that reinforces our values of respect and dignity.

We assume that people understand that a crime, a sex crime, is something they should not do. We do not feel we have to train people on that.

Our issue with training is understanding what those behaviors are now. We understand that we need to do that. And we also need to help people understand that when it occurs, why it is important for them to react appropriately and to provide appropriate support, not only for the victim, but in prosecuting.

Dr. CHU. Dr. Snyder, if I may, I just want to be sure on the record that I emphasize that the best data that we have available suggests that the department has made progress on both issues, both harassment and assault. What the report points to is that our training has not particularly focused on assault for just the reasons Ms. Embrey has indicated. And we think that is something we now need to do.

Dr. SNYDER. As I read your reports, you feel much more comfortable with the progress you have made on policies and responsiveness on the harassment side and not so good on the other.

Dr. CHU. Yes.

Dr. SNYDER. Thank you for your time.

Thank you, Mr. Chairman, for your indulgence.

Mr. MCHUGH. Thank the gentleman.

Ms. Sanchez.

Ms. SANCHEZ. Thank you, Mr. Chairman. You know, if we had Title 18, we would not have such a lack of clarity. People might understand better what date rape is or intoxication with respect to what is going on.

And so again, I would thank the chairman for understanding the importance of updating our Article 120. And I did not just pull that issue out of the air. I am not even an attorney.

But I did consult with a lot of attorneys, including my sister, who happened to practice in that area of law and is also a Member of Congress. It is interesting because I go around and I talk to the troops and I go to all different areas in the world.

I was just out in Asia, in Korea and in Hawaii. And this was a big topic of conversation for me when I met with people.

And I will have to tell you that I was sitting around in a group of retired and current Judge Advocate General (JAG) types, all lawyers, men. And we were discussing my bill because they brought it up. And they thought it was a great idea.

These are practicing people, using Article 120 today. And when I told them the reluctance of this department to really take a look at that, one of the guys said, "Well, if Article 120 is so great, why doesn't the Congress adopt it in place of Title 18?" To which case, everybody started laughing in that room.

And not just laughing once; that lasted about 10 minutes. That was an indication to me about what people using Article 120 really believe. So I hope that we will get to that over the course of the year.

But let's talk about the recommendations contained in the Army report in particular. I am very interested in them.

Because of course, you found glaring gaps in training. So I have very specific questions for you, Mr. Brown. I want to know: what is the timeline for implementing the new lesson plans in Army schools?

And again, I am not picking on you because you happen to be the Army. I am picking on you because the largest group of people facing the issue in Iraq right now is the Army.

What is the timeline for implementing the new lesson plans in Army schools? When will the training support packages be delivered to Reserve Officer Training Corps (ROTC) and professional military education courses?

When will training support packages be delivered to the field for refresher, human relations and pre-deployment training at the unit level? And I will say that the Marines deployed to Iraq deployed victim advocates with the force deployed to Iraq for OIF 2. I want to know: will the Army deploy advocates—victim advocates—in OIF 2.5 and 3?

Secretary BROWN. You want me to answer all those questions right now?

Ms. SANCHEZ. Yes, please. [Laughter.]

I mean, this is about how do we get it done in Iraq today?

Secretary BROWN. I cannot give you an exact timeline at this point. Training and Doctrine Command (TRADOC) is still develop-

ing those packages. But I will take it for the record and I will get back to you with a precise answer after I have consulted with TRADOC.

Ms. SANCHEZ. Thank you, Mr. Brown.

Do I have time for one more question?

Dr. SNYDER. Would you yield for a moment?

Ms. SANCHEZ. Yes, of course.

Dr. SNYDER. Mr. Secretary, with Congresswoman Sanchez' indulgence, we have bad luck on this committee when people say "for the record." What would be your date you will have that information back to Ms. Sanchez?

Secretary BROWN. Excuse me? I am sorry?

Dr. SNYDER. We have problems when people say they take questions for the record. And to my knowledge, we have never had that problem with you. But what would be the date that you would expect that we would have that answer back for her?

Secretary BROWN. I would need at least a week. I have to talk to TRADOC and see where they are.

Dr. SNYDER. So in the one to two week range?

Secretary BROWN. Is that OK?

Dr. SNYDER. That is all right. We go months without getting answers, so one to two weeks seems positively great.

Thank you.

[The information referred to can be found in the Appendix beginning on page 301.]

Ms. SANCHEZ. Thank you for bringing that up, my good colleague from Arkansas.

Okay, I have one more question. Thank you, Mr. Chairman.

During the Total Force hearing on March 24, 2004, I asked questions about the adequacy of our in-theater sexual assault resources with Secretary Abell. He assured me that everything was taken care of. So I have some specific questions with respect to that.

How many combat support hospitals and field hospitals are there in Iraq? And where do they have qualified rape trauma counselors?

Do they have trained personnel to perform rape kit examinations? Is emergency contraception available at all hospitals to victims of sexual assault in Iraq? I will get you a list of the questions, I think both to DOD and to the Army, because this also includes the Marines who are stationed out there now.

And if a rape results in pregnancy, can the victim receive abortion services from military hospitals in Iraq or anywhere else? In other words, I want the real specifics of what is happening in Iraq and how a woman is treated if she has been assaulted. And I think that will hit mainly to the Marines and to the Army.

So I will submit those questions to our panel because I am sure they are going to tell me what Secretary Abell did: "Everything is taken care of, congresswoman." But in calling around, that was not the case.

Mr. MCHUGH. I appreciate that. I had mentioned I had another question, although the gentlelady put it far more comprehensively than I had envisioned for myself. But it should go without saying that much of the impetus behind Ms. Embrey's study and our being here today started in U.S. Central Command (CENTCOM) Area of Responsibility (AOR) and what has been happening there.

And we have what clearly predicated upon Ms. Embrey's findings is a longer range department by departmentwide challenge. We do need to take immediate steps to ensure that the intolerable circumstances in the CENTCOM AOR that brought this to the forefront are addressed.

So those are critical questions. And the ranking member put it very kindly.

We have had a number of challenges getting timely responses back. We are, as all of you know, in this instance particularly, we are talking about very, very important, timely, at-the-moment issues. So your responses to the record to those questions will be critical.

Ms. EMBREY. Could I make a general response to that, sir?

Mr. MCHUGH. Of course, please. Ms. Embrey?

Ms. EMBREY. For the record, we can get you the numbers of hospitals that are out there. But I will tell you that, as part of the task force, we went to several of the hospitals. We went to more than six in Kuwait alone.

And there were multiple clinics and hospitals that we visited when we were in Iraq. At the hospitals, there are individuals who are qualified to perform forensic rape examinations. There are OB/GYNs available.

Emergency contraceptive, as defined as birth control pills tripled up, are available. Abortions are not authorized within the Department of Defense by Department of Defense officials unless the life of the person is threatened.

With respect to qualified rape counselors available, that is not part of our force structure. However, we do have some social workers, some victim-witness assistance folks, who are trained, but not sufficiently in my view, available in theater. And some of the SAVI representatives are also available to provide support during those times.

But we will get your more detailed answers. But I wanted to give you the broad overview.

When we were there, kits were available at all those locations. And where kits were, there were qualified people to execute them.

Mr. MCHUGH. It was the gentlelady's question, so I will allow her to go first. I suspect we are going to ask the same thing, but go ahead.

Ms. SANCHEZ. Just to clarify the DOD's and this Congress's policy: rape and incest abortions are allowed overseas.

Mr. MCHUGH. Absolutely.

Ms. SANCHEZ. It is just the real question is: where are they available within the combat zone?

Ms. EMBREY. Not by military personnel.

Ms. SANCHEZ. That is incorrect. They are by military personnel. It is just that the woman has to pay for it herself.

Mr. MCHUGH. We have a disagreement as to interpretation that obviously we are not going to settle here. For the record, I concur with the gentlelady from California's assessment. And this is not something that is unfamiliar to this subcommittee or the full committee.

But let's make sure. Because I can tell you that it has been the intent of the Congress—and where we have a very vigorous debate

on abortion—but it was certainly the intent of the Congress, on overseas as well as domestic facilities, to provide, as we do under Medicaid, abortion services for rape and incest as well as life of the mother. So we will follow through on that.

Ms. SANCHEZ. Yeah, we can follow through on that. But I think that is a good indication of why these services are not available because maybe people do not understand the policy of this Congress and the American people with respect to the availability and the right to the availability of having abortion services available in the case of rape and incest.

Dr. CHU. I think the import of Ms. Embrey's finding is that, in general, the medical facilities in theater are well-equipped on this issue and well-staffed on this issue. This does not mean we cannot do more. We will look at that issue.

But in her finding, from having visited the places in the field, is that in general things are in pretty good shape, consistent with Mr. Abell's testimony. If you have evidence of a location where there is a different situation, we would be pleased to receive that. And we will obviously act on that evidence.

Ms. SANCHEZ. Just to end the conversation, great, again. If we could have the answer in writing with respect to the installations in the Iraqi theater, where they are located and what is actually available there, including whether abortion services would be available to a rape victim.

I would like to see it in writing. And I would like to see it sooner, rather than later, in conjunction with what Congressman Vic Snyder said.

And it is my knowledge that this is not available in many places.

Mr. MCHUGH. And I would certainly associate myself with the gentlelady's comments about the timeliness of this, as I stated before. There may be, as I understand it, a complicating issue with respect to host country provisions. I do not know if that comes into play or not.

But we need to know, bottom line.

The gentleman from North Carolina.

Mr. HAYES. Thank you, Mr. Chairman.

Dr. Chu, what measures are being taken to include and involve the reserve and the National Guard in the studies and the remedies discussed here today and in other times and other locations?

Dr. CHU. Sir, they are part of the training programs of the military services, as I know you appreciate. And I would invite my colleagues, particularly Mr. Brown, to speak to that issue.

In terms of standards and values, of course, we hold the reserve components in a total force to the same standards and values we would hold the active military. No different in that regard. And in terms of services we owe them when on active duty, they are owed the same support and the same assistance that we give any member of the military force as a whole.

Reggie, would you like to comment?

Secretary BROWN. Dr. Chu is exactly right. They have to receive the same sort of basic and initial entry training and professional training that all other soldiers receive.

They cannot be deployed unless they have been trained. That is the policy.

Secretary DOMINGUEZ. Sir, if I might add, in terms of the Air Force assessment, the chief of the Air Force Reserve and the director of the Air National Guard participated in that. And so they looked through their commands and assessed policies, practices, programs as it applied to the unique circumstances of the guard and reserve.

So we will have something to communicate to the committee on that subject.

Mr. HAYES. Just to make clear, I was not concerned about different standards. I just wanted to make sure that you were confident that there was a seamless approach to getting the information out, getting the remedies out and making sure that that was done.

Are victim advocates to be established on reserve component units?

Dr. CHU. Whatever victim advocate approach we decide to take in the department, we will need to embrace the reserve community as well. Obviously, their situation is sometimes a little bit different because they come from civil life to active duty. And one issue is how we are going to support that transition.

I should emphasize on the victim advocate front that the department has in place—and in fact, I am about to sign the updated version of a directive that deals with witness and victim assistance across the board for any crime that may occur, not just crimes of sexual assault. And that does set high standards for the total force, both active and reserve.

Mr. HAYES. Thank you. Thank you, Mr. Chairman.

Mr. MCHUGH. Thank the gentleman.

This may be a logical place to thank the first panel. As I said earlier, taken in a vacuum, I think Ms. Embrey's report and both the DOD and the services' response is encouraging. But there is a long path between encouragement and final achievement. And I know all of you recognize that.

The questions that we submit for the record are always important. The ones we discussed today are particularly important. I again commend to you as timely a response as possible.

There will undoubtedly be other written questions. And although we think they are equally important, we will place them second amongst equals, if we may. So your response and cooperation in that would be very, very helpful.

And we look forward to working with you and continuing to collaborate with you as you go forward on what I know you understand we certainly view—and I trust you do as well—as a very critical issue. So thank you for your leadership and your efforts.

And with that, you are free to go.

Dr. CHU. Thank you, Mr. Chairman.

Mr. MCHUGH. Freedom, freedom. [Laughter.]

And before we adjourn for a series of votes, it probably makes some sense to ask our second panel to come forward. And we will try to place the—if staff could help us to place the sign seating placards so that we get everyone in their appropriate place. And as they are making their way up, I will introduce them, assuming they are all here.

First, we have Dr. Frances Murphy, MD, under secretary for health policy coordination for the Veterans Health Administration, Department of Veterans Affairs. Dr. Murphy will be making the oral statement and will be accompanied by two colleagues who will not be submitting oral testimony, but will be there for the opportunity to respond and answer some questions.

They are: Carol O'Brien, PhD, director, Center for Sexual Trauma Services, Department of Veterans Affairs, Medical Center from Bay Pines, Florida; and Lori Katz, PhD, staff psychologist, military sexual trauma coordinator, Department of Veterans Affairs, Women's Health Clinic from Long Beach, California.

Also honored to be joined by Juliet Walters, who is the trainee director from the National Center on Domestic and Sexual Violence and Mr. Scott Berkowitz, who is president and founder of Rape, Assault and Incest National Network, which we have referred to on several occasions this morning as RAINN. So we do welcome you all.

Rather than start with one and have to make you feel as though you are rushed, now that we have you seated, you are welcome to lounge around. And appreciate your patience. It is part of life in Congress. Unfortunately, you have to be subjected to it.

But we are looking forward to your testimony and are very, very appreciative of your being here today. So with that word of welcome and the promise we will be back, hopefully in the not-too-distant future, the subcommittee will stand in recess.

[Recess.]

Mr. MCHUGH. If we could resume our seats, we might resume the hearing. Well, having been properly introduced, as we have, let me again add welcome to you.

The good news is I do not believe we will have another vote break for a fairly substantial amount of time. So perhaps we can go largely uninterrupted. You certainly have been very patient. And we appreciate that.

As I noted in my introductions, we are pleased today to have the under secretary for health policy coordination for the Veterans Health Administration, Dr. Murphy, who is attended, as I also noted, by Dr. O'Brien and Dr. Katz. So we will begin, if it meets with your approval, Dr. Murphy, with your comments.

Welcome. And I should state for the record, without objection, all of the statements submitted by the second panelist witnesses will, like the first panel's testimony, be entered into the record in their entirety. Hearing no objection, it is so ordered.

So Dr. Murphy, welcome. We are thrilled you are here and very appreciative of your patience.

STATEMENT OF FRANCES M. MURPHY, UNDER SECRETARY FOR HEALTH POLICY COORDINATION FOR THE VETERANS' HEALTH ADMINISTRATION, DEPARTMENT OF VETERANS' AFFAIRS

Dr. MURPHY. Thank you.

Mr. Chairman and members of the subcommittee, I am pleased to submit my testimony on the programs in the Veterans Health Administration addressing military sexual trauma. Accompanying me today, as you have noted, are Dr. Lori Katz, who is a staff psy-

chologist and the military sexual trauma coordinator in the Long Beach VA Medical Center, and also Dr. Carol O'Brien, the director of the Center for Sexual Trauma Services in Bay Pines, Florida.

Every day, VA clinicians across the Nation care for men and women who suffer from serious physical and mental health problems of sexual harassment and sexual trauma while serving in the U.S. military. However, military sexual trauma has only recently reached the consciousness of the American public.

In 1992, Congress took important action and passed Public Law 102-585, which authorized VA to provide counseling services to women veterans to overcome psychological trauma that resulted from physical assault or sexual harassment that occurred while the veteran was serving on active duty.

In 1994, Congress amended that treatment authority to include men as well as women and made it a gender-neutral policy. And that included appropriate care for services for an injury, illness or other psychological condition that resulted from sexual trauma. And it required the coordination of care in services furnished to the veteran under this authority.

These provisions made screening of patients for sexual trauma extremely important because survivors of sexual trauma often do not seek mental health services, but present to primary care providers and other providers with a variety of physical, emotional and behavioral symptoms, such as: fatigue, muscle and joint pain, gynecologic complaints, headaches, eating disorders, anxiety, substance use disorders and depression.

VA has developed a comprehensive set of programs to address military sexual trauma. The key components of our program include awareness, education, outreach, sensitivity training, screening, diagnostic evaluations and treatments. An education program to train primary care and other practitioners about the prevalence, screening, referral and treatment for military sexual trauma is ongoing.

Video teleconferences have been aired. And written training material is available.

Most recently, in January of 2004, a veteran's health initiative, "Continuing Medical Education and Independent Study Guide," was published and made available as web-based training and also in print media. We are particularly pleased with the module's quick reference guide, which is a brief synopsis in a pocket manual format to help VA clinicians and other interested health care providers better serve their patients who have experienced military sexual trauma.

We have provided copies of this guide to you and your staffs so that you will be aware of this important training material.

Information on military sexual trauma is also included in the transition assistance program briefings provided to military servicemembers at discharge. This information is also available on a variety of websites, including the Women Veterans Health site, the National Center for Post-Traumatic Stress Disorder (PTSD) site and a number of Veterans Health Administration (VHA) network websites.

Women can access services through their women veterans program manager at each VA facility. Veterans who receive treatment

under VA sexual trauma treatment authority need not enroll in VA health care. And they receive free health care without co-payment obligations and also free outpatient pharmacy services.

VA provides military sexual treatment without payment of co-payment. That is an important benefit to this special population.

VA has established and fully implemented a reporting system to monitor screening for military sexual trauma that was implemented in March of 2002. Between March of 2002 and October of 2003, more than 2,900,000 were screened. Over 139,400 individuals were women.

Data into the fiscal year 2004 indicate that a large percentage of women veterans who seek health care from VA bear a heavy burden of sexual trauma. However, while approximately one in five women and only one in 100 men screened report that they have experienced military sexual trauma, almost half of the numbers reported are in men because of the heavy male predominance of our population.

These statistics show that military sexual trauma is not only a women's problem in the VA patient population. VA plans to do additional detailed tracking of sexual trauma and care and treatment.

This will be a challenging project because veterans do not always report the sexual trauma early in their mental health or physical health encounters. And treatment is often coded as depression or PTSD, rather than a sexual trauma.

Focus studies, such as the evaluation of the four women veterans stress disorders treatment teams conducted in fiscal year 2002 have indicated that women veterans treated in the teams did show significant improvement, specifically for PTSD, violence and medical conditions, the overall adjustments in quality of life and the perceived impact of their illness on sexual functioning. So the bottom line is: treatments are effective.

These results are comparable to those of male veterans treated for PTSD in PTSD clinical teams. And like their male counterparts, most female veterans improve by about the fourth month of their care.

In the past, military sexual trauma was sometimes dealt with as a feminist issue. However, the information I have presented here and in my written testimony make it clear that military sexual trauma is a costly and serious public health issue.

It results in a highest cost per victim of non-fatal violent crimes in terms of chronic medical and mental health costs, work productivity losses and decreased quality of life. A recent study has demonstrated that those who are raped voluntarily ended their military careers earlier than they had intended. This results in the loss of valuable expertise and military training to the services.

The same study showed consistent rates of rape across service areas, beginning in the Vietnam era and going forward to 2002, indicating that previous efforts have not had a measurable impact and that military sexual trauma remains a critical public health problem today. Moreover, sexual assault is associated with a high lifetime prevalence rate of major depressive disorders, substance use disorders and post-traumatic stress disorder.

PTSD occurs in 65 percent of men and 46 percent of women victims. What is not well recognized is that these rates are substan-

tially higher than the 39 percent prevalence experienced by men following combat exposure.

Hearing from the men and women who have experienced sexual trauma while serving their country in the military is a mission that VA takes very seriously. We are committed to screening all patients and getting the message out that those who are suffering its consequences are not alone and, more importantly, that help and effective treatments are available from the Veterans Health Administration.

Thank you for allowing us to testify before you today and to share what VA is doing to treat veterans who have experienced military sexual trauma. Dr. Katz, Dr. O'Brien and I will be happy to answer any questions you might have.

Thank you.

[The prepared statement of Dr. Murphy can be found in the Appendix on page 192.]

Mr. McHUGH. Thank you, Dr. Murphy. And again, to your two colleagues, we appreciate your being here as well.

Next, we have Juliet Walters, training director, National Center on Domestic and Sexual Violence. Welcome.

STATEMENT OF JULIET WALTERS, TRAINING DIRECTOR FOR THE NATIONAL CENTER ON DOMESTIC AND SEXUAL VIOLENCE

Ms. WALTERS. Thank you.

Mr. Chairman and members, thank you for the opportunity to speak with you today. I am Juliet Walters, training director of the National Center on Domestic and Sexual Violence, located in Austin, Texas. Many of you know Debbie Tucker, executive director of the National Center, who serves as co-chair of the Defense Task Force on Domestic Violence.

Throughout her service, she and I and other members of our staff debated the commonalities and differences in how domestic and sexual violence must be addressed in both civilian and military communities.

The Task Force Report on Care for Victims of Sexual Assault affords an opportunity similar to that of the Defense Task Force, in that it is a blueprint for action. This action must be multifaceted: a change in the military culture that will prevent sexual assault and a responsive system that seeks to intervene when it does occur.

Based on national statistics on sexual assault prevalence in closed institutions like colleges, we know that sexual assault will occur. Nationally, one in four women and one in 10 men are victims of sexual assault. The military, like college campuses, needs to be ready and available to respond to victims.

Attention to sexual assault in the military is refocused now due to the approximately 118 reports from victims in Iraq, Kuwait and Afghanistan. However, the advocacy community is mindful of the many years of analysis and recommendations that have preceded this hearing today.

The Care for Victims Task Force provides a chronology of those incidents and actions by Congress, DOD, researchers and advocates that sought to better address this complex issue within DOD. The

work of the Care for Victims Task Force is credible, especially given the short time frame.

The findings speak to many of our concerns with the military's response to this problem. And we urge DOD to act upon the recommendations quickly.

While doing so, DOD must ask the following: how do our policies and procedures support victims? How do they create barriers or gaps? How will victims enter the system for assistance? What happens to victims at each level of our system and across systems?

Simultaneously, DOD will need to address changing a culture that tolerates sexual violence to one that condemns it. Rape is a gender-based crime that is rooted in our society's fundamental disrespect for women.

Even when men are victimized, the male victimizer uses the same language he would use if the victim were female. It is gendered violence. And that is a hard thing to understand at first.

When we focus on the victim and her or his behavior, we support the perpetrator and allow him to continue to humiliate and control others. When we stand by while sexist jokes are told or harassment occurs, we contribute to a sexually violent atmosphere.

Currently, a victim of sexual assault in American culture learns the following: I will not be believed. I will be questioned about what I was wearing, where I was and what I was doing. People may assume that I invited the assault.

My character will be analyzed. My word is not good enough. I may be labeled as crazy, a slut or vindictive and therefore not be considered credible.

If I am male, I will likely be viewed as gay and having invited the assault. Having any social contact with the perpetrator means I have no rights over my body, even if I say no.

In the military culture, a victim may also have learned that: a male soldier's stress over being in combat can supercede my health and well-being. I will be minimized and trivialized. If I come forward, my career within the military will be compromised.

It is imperative that the military focus on culture change by educating all members of the services through training that addresses: sound, easily understood legal definitions of sexual assault and consent; use of appropriate language, such as stranger/non-stranger rape versus acquaintance rape or date rape; awareness of the fact that the vast majority of sexual assaults are planned and committed by non-strangers; encouraging alcohol and drug use is often a premeditated act by a perpetrator and is a risk factor for assault; refusing to be a bystander to violence and becoming an ally.

Training will also be needed for command, law enforcement, JAGs, chaplains, victim-witness coordinators, victim advocates and medical personnel to create a response system that meets the needs of victims.

Under the current response, too many victims who do not officially report the crime receive very limited services or no services at all. Even victims who do report may be dropped from assistance if no criminal case is pursued. All victims need medical and emotional support throughout the lengthy healing process, regardless of whether the offender is facing a criminal action.

And too often, when the offender is facing a criminal investigation, there is an undue burden placed on the victim's testimony along with inadequate gathering of forensic and other evidence.

A common attitude—that sexual assault allegations are falsely made—impacts the tenor of investigations and the disposition of cases. In fact, less than four percent of felony allegations of crime, including sexual assault, are ultimately discovered to be unfounded.

The intersection of the needs of victims of domestic and sexual violence is most pronounced in recommendation 4.2 on page 49 of the task force's April 2004 report: "provide confidential disclosure." While there is tension around the commanders' need to know for accountability purposes, we believe that due to a lack of privacy for victims, commanders do not find out about many incidents of violence against women and gender-based violence.

With confidential disclosure and supportive services, it is possible that victims will actually tell commanders with more frequency and earlier, resulting in a greater capacity to collect evidence and prosecute offenders.

Congresswoman Slaughter's amendment calls for DOD to put in place comprehensive policies to prevent and respond to sexual assault by January 1, 2005. We applaud the congressional sentiment that DOD move quickly.

As DOD and the services consider the report and their own research into existing prevention and intervention approaches, the National Center on Domestic and Sexual Violence urges you to support a standardized approach. By collaborating across services to develop policy and training, DOD may more readily ensure consistent support to victims and increased offender accountability.

Finally, we at the National Center and other advocacy organizations committed to ending violence against women stand ready to share our experiences and support DOD. DOD must develop responsive, supportive services for victims of sexual assault and eradicate sexual predators in our military.

We need a military that understands violence against women, actively seeks to end it within the rank and file and steps up as a leader to collaborate with us. Together, we can create an America with safety, trust, respect and honor for all.

That concludes my statement. Thank you.

[The prepared statement of Ms. Walters can be found in the Appendix on page 196.]

Mr. MCHUGH. Thank you very much, Ms. Walters.

Next we have Mr. Scott Berkowitz, president and founder of the Rape, Assault and Incest National Network, RAINN. Welcome, sir.

STATEMENT OF SCOTT BERKOWITZ, PRESIDENT AND FOUNDER FOR THE RAPE, ASSAULT AND INCEST NATIONAL NETWORK (RAINN)

Mr. BERKOWITZ. Thank you, Mr. Chairman. Thanks for inviting me today.

By way of background, RAINN is the nation's largest anti-sexual assault organization. And we founded and operate the National Sexual Assault Hotline. For the last 10 years, RAINN has worked to educate the public about sexual assaults, prevent rape, help vic-

tims and ensure that rapists are brought to justice. While most of our efforts have focused on the civilian sector, much of what we have learned about what works and what does not applies to the military as well.

Despite much study, sexual assaults in our armed forces continue. Exacerbating the problem, victims still avoid reporting attacks and most do not receive help because of legitimate confidentiality concerns.

The just-concluded DOD task force did an excellent job compiling and gathering information and outlining the needed policy changes. And we endorse nearly all of their conclusions.

That said, we have two main concerns of the report. The first is its deferral of the decision on allowing confidential services to victims. We believe this is central to the existing problems and that, until it is addressed, we are going to make little progress on the larger crisis.

Our second concern is the process of reform and the timeline for action. While this task force has many good ideas, so did the last task force and the one before that and the 15 before that.

Someone said earlier: this is a great first step. And that is true. The problem is it is the 18th step.

So the challenge is getting these implemented. So while I have no problem with the idea of summits and more advisory councils and so forth, I think that the key thing to do is to put one very high-ranking, very stubborn person in charge and give him or her a staff and let him get going.

With that, I will summarize our recommendations. And there is more detail in my written statement. First, we have to apply a couple of lessons we have learned in the civilian world.

The first lesson is that victims who receive prompt, quality—and this is key—confidential crisis counseling recover more quickly and are more likely to report their attack to law enforcement. Second is that increased reporting means more prosecutions. More prosecutions means fewer sexual assaults. And well-designed education programs will lead to even fewer rapes.

In the civilian world, the total number of rapes is down by half since 1993, while the percentage of those rapes that are reported to police is up by half. Learning from these lessons, I think, could lead to similar good results in the military.

We recommend four types of immediate specialized training: first, regular comprehensive prevention education for all troops. Using social norms approaches and repetitive messaging, this should focus on risk reduction, safety strategies and personal protection, communication, understanding what rape is and is not, what to do if you or a friend is raped, how to access services and punishments for sexual assault, emphasizing the command's intolerance for any assaults within the ranks.

Second, regular comprehensive training on sexual assault prevention for military personnel who will train new and incoming troops. Civilian sexual assault experts should conduct this training, I think. And these experts should be available to provide ongoing assistance, answer questions from trainers and provide regular refresher training.

Third is chain of command training so that officers understand the problem better and are equipped with the knowledge necessary to demand compliance. And last, training for first responders on their role in the process, including: investigators, legal and medical, victim advocates and chaplains.

We also recommend the production and distribution of training and education materials, very similar to what the task force discussed, as well as a website highlighting on-base, community-based resources. And we recommend a broad educational outreach campaign using media and print materials.

By working with civilian experts and existing resources, a program can be implemented for relatively little expense and relatively quickly. For example, several of RAINN's affiliate centers have already developed prevention and training programs in cooperation with local military bases. And these provide a great foundation to be adapted for national use.

Regarding victim services, the reality is that there is still no consistency or uniformity in the delivery of services to rape victims within each branch, much less across services. And most importantly, there is no confidentiality afforded to victims seeking help.

We have three main recommendations to better serve victims. Most importantly, that the Department of Defense partner with civilian experts to deliver confidential services to victims.

Most victims, civilian or military, are reluctant to report their attack. They are reluctant to discuss it or to seek help.

And they simply will not report their attack without a guarantee of confidentiality. That is the case in the civilian world too. And I do not see that changing any time soon.

So as the task force acknowledges, the focus groups of victims expressed a preference to use outside sources if they are available. We know from much research that victims who do receive prompt, quality, confidential counseling return to full strength more quickly, which allows them to fulfill their military and family responsibilities.

Victims who receive confidential help are also more likely to report their attacks to law enforcement. We understand that allowing confidential services on-base is quite controversial. And rather than fighting this point—and I am afraid I do not think it is going to be solved in a week-long summit—we believe that it makes more sense to offer soldiers the off-base options that are currently available in the civilian world.

The capacity exists. We just need to hook up the soldiers with it.

Rape counseling services already exist in more than 1,100 communities across the country, many near a military installation, and are accessible 24/7 through the National Sexual Assault Hotline.

In addition to providing confidential off-base services, we urge the creation and use of deployable sexual assault response teams. And we recommend training far more victim advocates and making sure they are available in deployed units.

But as important as victim services are, they are after the fact. Congresswoman Sanchez, I believe, asked earlier: what is the core of the problem? Is it training? And I do not think it is.

As important as training is, training can do only so much. It can help at the margins. It can teach risk reduction. It can teach safety. It can prevent people who do not quite know what they are doing and do not know it is a crime from doing it.

But the reality is that these are adults who have made it to this age, in many cases, without developing the moral guidance that stops them from committing a heinous crime. And the only thing that is going to stop that, that small percentage of the armed forces, is the credible threat of punishment right now that does not exist.

We have definitional problems. We think that we need to adopt changes like the Title 18 changes to get the civilian definitions put into law, into UCMJ. We think there are a number of changes that were advised by the Cox Report that should be implemented.

We think DOD and civilian service providers should work together to ensure the victim's return to the military system, to prosecute their offenders after receiving the off-base assistance. And DOD needs a departmentwide protocol for responding to sexual assault, including redefinition of the need to know and protections for victims similar to those in civilian court, including a rape shield and privacy protections.

They must also include sufficient investigative manpower, especially in deployed environments. Mostly, it is going to take command leadership. It is going to take commanders knowing that they are being watched, that their performance evaluations and their advancement are tied to how they handle crime within their commands.

So in summary, the problem of sexual assault is not unique to the military. And neither must the solutions be. We have to improve services on-base, through comprehensive training regimens, provide soldiers with alternative confidential off-base services, implement effective prevention programs, improve prosecution protocols and back up all these efforts with the commitment of base commanders to zero tolerance.

I appreciate your leadership on this. And I thank you for the opportunity to address you today.

[The prepared statement of Mr. Berkowitz can be found in the Appendix on page 170.]

Mr. MCHUGH. Thank you very much. Thank you all.

Mr. Berkowitz, let me start with you because I want to make sure I have a correct understanding of what I thought I heard you say and what I believe I have read. In your recognition of—and Ms. Walters mentioned this as well—the so-called “commander’s right to know” and the difficulty of confidentiality that poses, what I believe I heard you suggest is rather than fight that battle, structure a program that utilizes and better makes accessible the—in 1,100 bases at least—existing programs.

Is that correct?

Mr. BERKOWITZ. That is correct. I think that this is a widely held feeling that they do not want to give up that right to know. I do not think that is going to change.

I think we could talk about it for years and we are not going to convince them to change that. So I think that, in the meantime, there has to be a workaround.

Right now, they do not know and the victims are not getting help. So let us change this system to tomorrow they still do not know, but at least victims are getting some help outside the on-base system.

Mr. MCHUGH. And you feel that that can be done? Let me tell you that I do not disagree with you. But the thing that troubles me about that is on the one hand, what we are doing is constructing a system that is intended to help victims. The system's author is the military, which at the same time is saying, "You are not going to have confidentiality off-base."

Would you believe them when they told you that if you go off-base, it is okay? I do not know; there is something uncertain about that.

I may not be making a whole lot of sense. And I am probably making as much sense as I said we were not going to have votes for a couple of hours.

But I guess it is what it is.

Ms. Walters, would you agree with that? Rather than fighting the battle of commander's right to know, should we utilize off-base more effectively?

Ms. WALTERS. I think we have to really look at that, about the commander's right to know. I think my thought about that is that if we can train commanders to do an assessment quickly, as in there are many times when someone will come to a system, an institution and because of the assessment that is done, they know how to refer them to appropriate services.

So I think maybe if we can think of it as a way of training commanders to do an assessment to identify that this is a sexual assault, without going into—like we do with child sexual abuse cases. In communities that have organizations to support the investigation of a child sexual abuse, what happens is maybe there is a report that comes to the police and they go, "Okay, we have enough information to identify that a crime occurred."

But now we take that into a system where it is comprehensive so that the person is not reporting to 10 million people, repeating the story over and over again, but it is kind of triage. And I think if we create a model where the command can identify, if one of the entry points is that they go to command, then we identify how they triage that victim to the appropriate services, whether it is legal, medical, whatever.

So there is not a lot of maybe detail about what happened because there has to be an investigation or that the medical community responds to it also. So not necessarily that they do not talk to command, but when they come to command as an entry point, how does that commander do an assessment to correctly and accurately and quickly provide them with the direction in which to go to get help?

I think that is how I would think about it, like how they respond to child sexual abuse. That is just the thought that comes to my mind with it.

Mr. BERKOWITZ. If I could add one point in there?

Mr. MCHUGH. Please, Mr. Berkowitz.

Mr. BERKOWITZ. I draw a distinction between reporting for purposes of prosecution and talking to someone for purposes of coun-

seling. The prosecution certainly has to stay within the command structure. And the goal of the counseling, as we are proposing it, the goal of getting them help off-base is to get more victims to use that on-base, that command prosecution, because certainly the ultimate goal is to prosecute all cases.

Right now, victims will not report to command. And they will not access on-base services, counseling services, because doing so means engaging the command structure and reporting whether or not they want to.

So if we can get them help off-base, at least that gets them going. That gets them over the initial crisis. And according to the University of Illinois and a number of other studies, those who do get that initial crisis counseling are then far more likely to go back to police or justice authorities; on-base authorities, in this case.

Mr. MCHUGH. Thank you very much, both. And let me ask Dr. Murphy or any of her two colleagues: as you have looked at this issue and encountered—let's stick with the women for the moment—women victims, what have you discerned to be the number one challenge? Is it the issue of confidentiality or the lack thereof or some other problem that needs to be addressed?

Dr. MURPHY. I guess my personal opinion would be that the biggest challenge is trying to figure out what effective programs can be put in place to prevent sexual attacks and military sexual trauma and harassment. From a purely health standpoint, the disability and the impact of these events on people's lives lead me to believe that until we develop effective prevention mechanisms, we are never going to get ahead of this problem.

The Department of Veterans Affairs does not have a position on this. But clearly, in every other realm, privacy and medical confidentiality for treatment should be allowed for every individual. And I personally do not see why the medical treatments and counseling could not be kept confidential, even if the commander was informed that an episode had occurred.

And I would ask my clinical colleagues to comment.

Dr. O'BRIEN. The victims who I work with rarely mention the issue of confidentiality as a primary barrier to their reporting. They are much more likely to tell me that they avoid reporting because of what they perceive to be the reaction of especially, their superiors.

They believe that if they report the sexual assault, that they will be seen as the problem.

Mr. MCHUGH. So a cultural issue, really?

Dr. O'BRIEN. Yes, exactly.

Mr. MCHUGH. Dr. Katz.

Dr. KATZ. It is also particularly problematic when the perpetrator is the commander.

Mr. MCHUGH. I can only imagine.

Dr. KATZ. And that is not uncommon.

Mr. MCHUGH. Well, again, I apologize. I was misinformed as to the vote schedule. We have two votes. So my crystal ball is not working real well, but it will probably be about 20 minutes, I would guess, or so.

So I apologize. But we are very anxious to go to our colleagues and hear your comments to some of their questions. So if you could stay with us just a bit longer.

Thank you. We will stand in recess.

[Recess.]

Mr. McHUGH. Why don't we resume? I will make no predictions about anything.

I am happy to—and I know you were all in the audience, but it bears repeating—to yield to the gentlelady from California, Ms. Sanchez, who has been very, very concerned and very, very active in assisting those of us who are probably not as informed about these issues as perhaps we would be or should be—and we will be, I assure you. But we have appreciated her leadership. So with that, I would be happy to yield to the gentlelady.

Ms. SANCHEZ. Thank you, Mr. Chairman.

And again, thank you for holding this hearing and thank you for having in particular some of the civilian population come before us and talk to us about how they view this issue in the real world versus what is going on in the military. I actually have two lines of questioning or actually just amplification that I want to get your opinions on, because I think it is important for our chairman to hear and to get this on the record.

And the two areas of interest to me are underreporting and confidentiality because I think those are two very, very important issues. Can you talk to us and sort of us give us some indication of what you think underreporting looks like in the civilian world in the United States and why that might happen and maybe how you try to figure it out? If you are given a percentage, what is not being reported or what have you and why that might be?

And then your personal opinions, now having looked a little bit at these military task force reportings and the last 15 years' worth, of how we would gauge the military underreporting to what is going on in the civilian world? That would be my first line of questioning, more for our own education up here.

Anybody can answer, anybody who has an opinion on this.

Mr. BERKOWITZ. The reporting rate in the civilian world, the data are a little bit unclear. But it seems to be going up. It seems in the last three or four years in particular that there has been a very significant improvement in the reporting rate.

Traditionally, it has been about 3 in 10 report. The 2002 National Crime Victimization Survey had that number up to 54 percent reporting. A lot of the statisticians believe that might be an aberration because of the small sample size.

So if you take the average of the last 3 years, we are still at about 46 percent, which is up by about half from the traditional rate. The most common reason for not reporting—the two most common—are that it is personal and they are embarrassed, in some sense. They just sort of want to hide; they want to keep it a secret. They do not want everyone to know about it.

And the other is that they do not think that there is much point to it. Rapes by strangers tend to be reported to police at a much higher rate than non-stranger rapes for the good reason that there is a lot better chance of prosecution. Non-stranger rapes are still very difficult to prosecute.

So it is a challenge convincing those people to come forward and to report.

Ms. SANCHEZ. Can you contrast that in any way or think about that toward the situation that you have read about or seen with respect to the military? And what would be your inclination? I know it is not statistical.

Mr. BERKOWITZ. That anecdotally, it seems that reporting is even a bigger problem in the military. Because you have all the problems and all the drawbacks of the civilian world, but you add to that the fact that reporting means everyone knows, from your bunkmates, your best friends, your boss, his boss and everyone around you.

We can try some policies to keep that a secret, so that fewer people within a chain of command need to know. But the reality is on most bases that you are going to have to inform 15 people once you report, between the investigators, the medical, the chain of command.

And once that many people know, there is not really a way to keep it confidential or keep it quiet. So the word gets out very quickly.

Ms. SANCHEZ. Anybody else on the panel have a comment?

Ms. WALTERS. I know that with underreporting in the civilian world, one of the reasons that someone will report and not necessarily to law enforcement, but maybe to medical like go to a hospital, is because they are concerned about medical ramifications of that, like Sexually Transmitted Disease (STD)s or pregnancy or HIV/AIDS. And so they will quickly go toward getting medical care than they would toward law enforcement.

And so I think that is one thing to think about in the response is making sure that the medical community is responsive and aware, can do an accurate assessment and also refer back or support them back toward law enforcement.

The other thing about the underreporting, I think, because we know that the majority of sexual assault is by a non-stranger, and then the way the culture in society responds to sexual assault victims, especially when the perpetrator is known to the victim, really hinders a victim coming forward and speaking. Because it is much harder to talk about, "Yeah, it was my ex-boyfriend," or, "it was a co-worker," or, "It was someone that is part of my team that I was hanging out with," because that does not fit the stereotypical rape that we all kind of wave our arms up and go, "That was a wrong thing."

It was not some stranger with a hood on, hitting us over the head. And most rapes do not have a lot of external physical injuries.

So all of that plays into it. And so one, the victim has to first identify that a crime occurred. That means they have to define themselves and what happened to them as a rape or sexual assault.

And that is a mental process. And because we have a society that does not really support that and identify and is sympathetic to victims, I think all of that hinders the underreporting.

So until we get to a culture that says, "It is not okay to take something from a woman or anybody else without their permis-

sion," unless we have a culture that really supports that, it is going to be hard for victims to identify that something happened to them and that it was not their fault.

And so maybe they should not talk about it and they can get past it. Because it is personal, they can get past it. And what we found working in a local program is that when victims come to a local program, we get a lot of victims, not necessarily that were raped within the last six months, but we get a lot of like childhood sexual abuse cases or they have been raped a long time ago.

And they come in because what they start to recognize is that they thought it was personal; they thought they were handling it. And it is only because they are experiencing the impact of the rape, the impact of it as it is intruding on and impacting their relationships and their quality of life, that they go, "You know what? That is still around. And I need to go get help on it."

So from the time that they get raped and sometimes until the time that they actually go to get help around it may be a very long time. So all of that plays into it.

So it is not just one answer. It is a complex issue, dealing with the way that society responds to victims of sexual assault.

Ms. SANCHEZ. Thank you.

Dr. MURPHY. If I could add, one of the reasons that VA is so committed to screening in our primary care clinics and our specialty clinics is that we believe that these crimes are underreported in the military and veteran population. And many of the individuals who answer "yes" to the sexual trauma questionnaire have never reported it before.

Let me give you a little bit of information from the statistics we had. As I mentioned, from 2002 to the end of fiscal year 2003, we screened almost three million individuals. And of those, 33,000—more than 33,000—men and almost 29,000 women said yes, they had experienced sexual assault or harassment of a threatening nature while in the military.

But it is also important to recognize that while 33,000 men came forward and said "yes" when questioned, more than 34,000 declined to answer the question. They did not say no. They just would not answer.

And I think that is very telling. Fewer women responded that way, about 3,000. And I would like to ask my colleagues to maybe give you a couple of anecdotes about what they have learned from their clinical work.

Dr. KATZ. Actually, this reporting issue is very important because by not reporting this, it could be a barrier to receiving proper care. I have one client, for example, a male. And for 50 years, he never reported that he was raped in the military.

And during that 50-year time, he had several consequences: health consequences, not being able to maintain employment, relationships, problems with the law. And it was not until he had a new girlfriend that really pushed him to come forward with what was going on in his life that he actually sought treatment.

But for other veterans, when they do not say this is what happened to them and why they are seeking treatment, they may receive services for some of their symptoms and some auxiliary types of manifestation that may never actually receive the treatment for

the sexual trauma. And so what we found is that if people do not report spontaneously, we need to ask. And that is why we have implemented this screening.

There was one report, a national report, that said only 16 percent of people naturally will come forward and say this happened to them. And that is probably—we do not know how correct that answer is, but that gives us some guidelines.

But in the screening itself, it is also very important because some people might not feel comfortable. They have to know what is the best way to ask the question. Sometimes using words such as “abuse” or “assault,” people may say no to that because it is a very controversial word.

Who asks the questions, how it is asked, the context of the assessment—people may be concerned where that information is going and who is going to know about it, even in the VA system. They might have some concerns as to who is going to get that information, how is it going to impact them, where is it going on their medical chart? Is everyone going to see that? And do they feel exposed and re-traumatized by disclosing this information?

Dr. O'BRIEN. I want to add just a couple of comments. First of all, many of the victims tell us that at the time that they were sexually assaulted, they were threatened by their perpetrator, threatened with several things.

I will turn you in as a homosexual, especially for the men. And if that threat is made by a perpetrator, you can be pretty certain that the victim is not going to report.

Second of all, their lives have been threatened. We know when we look at rape victims, the primary psychological response is fear. And when someone feels frightened, the first thing they try to do is avoid the object that has caused the fear.

And so from a psychological perspective, it is pretty natural and normal for a victim to not want to report. They want to avoid it. They want to put it away. They want to go back to their room and take a shower and forget it ever happened because they do not want to deal with it.

And so we need to do some things that counteract what is, in many cases, a natural tendency. And then often times, the victims feel guilty for years and years and years for not reporting.

They believe that they are responsible for the victimization of other men or women because they did not report. And so when we treat the victims, one of the things that we do is to go back and normalize some of those responses and let them know that the fact of not reporting is typical.

Ms. SANCHEZ. Mr. Chairman, if you will indulge me, I have the second piece to that, which is the whole issue of confidentiality. And I think this is important because, while it looks like we might have some built-in places where people can actually report and there is some confidentiality there—for example, clergy or medical or a psychologist—the fact of the matter is I think it may be difficult.

If you have a clergy that is not your denomination or what have you, you may not feel very comfortable going to them and talking to them about this. I know that sounds silly, but I remember when we were trying to find a chaplain for the House of Representatives,

there was a member who said, "I am a Baptist and I do not want to go to somebody who is going to have a white collar."

So there is that issue. Or there is the issue of if you go to the medical establishment, that it starts getting reported all over and sent back. Or more importantly, it is not that easy to access necessarily the medical needs that you have.

I mean, you have to leave your unit to make an appointment to go somewhere to get someplace. And people somehow have to know why you are not at your station or why you are not doing that.

And in particular, with a psychologist or a psychiatrist, it is an even more laborious process, I think, within the military situation.

So I guess my question to you is: how important is confidentiality? And knowing what you know about the military system and the task force, how do we get people to come forward and talk about this without fearing that this is going to be all over the place?

What would be your suggestion?

Dr. KATZ. One thought is how it is documented. And I think that it can be documented in a way that is very respectful to the victim without putting details of what happened, but just kind of saying in a more general sense that they experienced an incident of trauma without getting into the details. And I think that is one way that I have worked with clients to protect their confidentiality.

Dr. MURPHY. I think it is a very complex issue. And I am not sure, in this case, that the experience from a civilian population translates well into a military environment.

And I would recommend that some initial decisions get made about how to best deal with this from what we know today. But I think it is also very important for DOD to do some study and research in this area, to find what the best methods are to prevent military sexual trauma, to change the culture that currently exists that seems not to deal with this issue as well as it can be dealt with, and also to look more carefully at what risk factors exist in the military occupational environment that actually seem to facilitate harassment and traumatization.

There is one study that has been done in women veteran populations, which was a telephone survey. And some of the things that seemed to be risk factors and predictors were if the commander, either verbally or physically, was harassing him or herself, that seemed to promote that kind of behavior and result in more trauma in that unit.

The other thing was if there were not separate living quarters. And I know that that is a very difficult issue, especially when the unit is deployed.

But we need to better understand the problem before we can develop effective solutions. And I think we need to do that. And we need to do it in a systematic way.

Mr. MCHUGH. Thank the gentlelady.

The gentleman from Arkansas.

Dr. SNYDER. Thank you, Mr. Chairman.

I wanted to ask Dr. O'Brien and Dr. Katz, tell me what your roles are? Where do you work? And what is your day-to-day job?

Dr. O'BRIEN. I am the director of the Center for Sexual Trauma Services at the VA Medical Center in Bay Pines, Florida. We have

a residential program for both men and women who have experienced sexual trauma during military service.

In addition to that, I see outpatients, both men and women, who have experienced military sexual trauma.

Dr. KATZ. I am a clinical psychologist in the Women's Health Clinic. I see primarily women.

Actually, I have some numbers. This last 4 months, I have seen 51 women treated for individual therapy. Fifty percent of them have military sexual trauma; but 82 percent of them have significant abuse histories.

And I am the one clinician that sees these patients.

Dr. SNYDER. Thank you. Thank you for being here.

Dr. Murphy, I noticed you were here earlier today through the first panel. And we had that discussion about the statistics, about the three percent, the four percent, over a 12-month period of self-reported on these surveys.

Now the survey, you talk about one in five. And the DOD report, their task force report they sent us here says, "Of the almost three million veterans screened between March 2002 and October 2003, approximately 20.7 percent of females and 1.2 percent of male veterans screened positive for a history of military sexual trauma."

And that gets to the point I was trying to make. You can fool yourself a little bit by coming up with an over-12 month number, when those are additive. I mean, the same four percent in 2003 is very likely not going to be the same four percent in 2004 or 2005 or 2006.

And so it does not take very long before a significant percentage of the women have had or at least report bad experiences. Do you have any comments about those numbers?

Dr. MURPHY. I think my sense is that we still do not really have a good sense of the magnitude of the problem. Part of the issue is that our data collection systems from our screening questionnaire are relatively new. We have only been collecting this information since 2002.

But over time, the numbers have been relatively consistent with the about one in five women reporting sexual trauma and about one in 100 men. And those numbers have not changed year to year.

Now I would say that our population is very different than the survey population that DOD is dealing with because theirs is all members—a statistical sample of all members—serving in the military. And there is good reason to believe that there is some selection bias.

People who seek health care probably have a higher rate of military sexual trauma and have symptoms from that trauma and therefore, come to a health care system for treatment. So I think that if I had to predict, the actual prevalence rates are somewhere between that three or four percent that DOD is telling you they have collected and the one in five women that VA is seeing. The real population rate is probably in between someplace.

Dr. SNYDER. I wanted to ask all of you, listening this morning, was there anything that leapt out that you are just dying to correct that someone said or that you wanted to respond to or concerns you have about anything that was said in the first panel. This is your chance to provide an alternative view, if you like.

Ms. Walters, is there anything this morning that leapt out at you?

Ms. WALTERS. I did want to say one thing. Ms. Sanchez talked a lot about the research being kind of milquetoast. And I really have a thought about that.

I think how you do research, you get certain kinds of answers. And for what they were charged with, the task force was charged with, and how they did the analysis gave them that kind of information. And I think it is valid.

However, there are other types. When I read the report, what I found missing was really the perspective of the victim. And I think that is something that we really need to talk about, is how you do research, how you do an analysis.

And one way that I think would be really helpful to get a rich idea of what the experience is like for a victim in theater or in CONUS is to really start from the place of the victim. If I was a victim in theater in Iraq, what happens next? Who do I talk to? And if I talk to that person, what happens next?

Or what information would I have to have known ahead of time to even identify that a crime had occurred, so what training happened prior to me getting there? What are the environments that kind of support or enhance the possibility of me being sexually assaulted?

If I go to command, what happens? If I go to legal, what happens? If I go to the chaplain, what happens?

And I think that is the analysis that is missing that would give us a richer idea of what to do. I think we can have some standardized policies and procedures and values. Definitely, we want victim safety and healing. We want offender accountability.

How that is translated and actually taken care of in this particular environment may look different. But it has to be done from the perspective of a victim.

If we just look at it from a kind of global policy process, you know, we look at what is written in the policy and say, "Okay, those are the gaps," we are not getting an accurate experience of what that victim is going to have to deal with there.

So from the report, I thought it was credible for what it did. But what I found missing was really: what is the experience of the victim? And I think that is something that I think you all need to be aware of and think about and consider for future work.

Dr. SNYDER. Mr. Berkowitz, any rebuttal you want to give?

Mr. BERKOWITZ. The one thing would be the sense of urgency or the lack of a sense of urgency. There is a full appreciation of the problem and the dimensions and a lot of the things we need to do to correct it, but I would like to see a greater sense of urgency as far as starting the fixing, appointing this new office that is going to oversee this.

What level is that person going to be? What authority is he going to have? What size staff is he going to have? What is his real mission, aside from overseeing these new task forces and summits and so forth?

Dr. SNYDER. Thank you.

Dr. Murphy.

Dr. MURPHY. I would like to compliment Ellen Embrey and her committee on the work they did putting together this report. I believe that their recommendations are well focused.

I would only urge that this time, they make sure that whatever gets implemented actually makes a difference. We cannot have yet another report two years from now without changing this behavior, without changing the culture in DOD.

And in order to assure that, we need to make sure that there is oversight and evaluation of the outcome of the actions that are taken. I believe that we had very sincere public servants here who want to make a difference.

But we all have a responsibility to make sure that in fact the programs that are put in place are effective. I would also encourage that DOD reach out and that they work with other government agencies.

VA would like to be a partner in this. We feel that we have expertise that can be valuable. And likewise, Health and Human Services (HHS) has agencies that could be very, very valuable in providing some of the mental health and other expertise that will be necessary to actually make an impact on this process.

Dr. SNYDER. It seems like if we are going to conclude that at some point down the line that we are still having problems and it is not working, that at a minimum, either the Congress or the administration be the one that discover it and that we do not have to read about it in a several-part series in the Denver Post because the newspaper does a better job of providing oversight than we do. I mean, that would seem like it would be a minimum thing.

Thank you all.

Mr. MCHUGH. Thank the gentleman.

Let me just ask a quick question. We have talked about sexual abuse with respect to women versus men and separate statistics, et cetera.

Is it fair to state that the reasons—forgetting the numbers for the moment—the reasons both men and women fail to report are pretty similar? Confidentiality, et cetera, et cetera. Or are there distinguishing characteristics why a man does not report versus a woman? And if so, I guess that leads to separate kinds of responses.

Dr. O'BRIEN. I think that there are a lot of similarities between the reasons that male and female victims have for not reporting. I think there are some differences as well.

The fear of being labeled as homosexual and being discharged and embarrassed for men is much greater than it is for women. And the fear of having one's own sense and the sense of others regarding one's masculinity is also a much larger issue for the male victims that I treat.

Ms. WALTERS. I think with that, I definitely agree with her. And I think with that, I think what would be important is maybe how you design the prevention programs and how you design the intervention programs in the sense of how do you message those so that both feel that they are going to be received in a non-judgmental, compassionate, supportive way?

So it may be that you might have to do some messaging that is different. But you want the results that you have a safe place for people to get help.

Dr. KATZ. I would like to add——

Mr. McHUGH. Dr. Katz.

Dr. KATZ. For men especially, I concur with Dr. O'Brien. But they might have a feeling that they will be seen as weak or cowardly. There is a stereotype that men are supposed to like sex, so what are you complaining about?

But the truth is sexual assault is not about sex. And I think that distinction needs to be made very clear. It is not about raging hormones or people getting too far or just having a good time.

Sexual assault is about power, aggression. It is violence. It is domination.

It is a much different set of features that cause the arousal rather than an act of sex. This is not something when people might even have rape fantasies.

And actually, I teach at a university. I give a lecture on this. And every semester, people get confused about this. They say, "But we have rape fantasies."

No, when you think about that, people are actually mutually enjoying it. It is a sexual act; it is a mutual situation. But in assault, it is not mutual.

It is violence. And so when men go forward with that, because of that misinformation, they get embarrassed and they do not want to report.

Mr. McHUGH. Thank you.

Ms. SANCHEZ. May I say something?

Mr. McHUGH. The gentlelady.

Ms. SANCHEZ. Just because Ms. Walters suggested or picked up on my milquetoast comment, I just want to say that first of all, I know that the people who are running the numbers on this, on some of the milquetoast study, was at Booz Allen. And since I used to work for Booz Allen, I would say they did probably a very good job.

I do not doubt that they did a good job with the numbers that they had or with the information and data that they had. One of the biggest problems—and I mentioned it in my opening statement—was the whole issue of what kind of data we really have and what can we tell from that data.

And I guess my milquetoast comment is more towards, you know, so now we are going to study how we get data together, so that we can look at data, so that we can study this, so that we can find some solution to the problem. Well, you know, that is another two years as far as the way things move through this.

So the study did not tell me that much more than what we had seen from other studies, I guess, is my comment toward milquetoast, not the way they sliced and diced the numbers necessarily.

And the second thing I want to say, which is very important to something that you said, Ms. Walters, was that—and I have been trying to, when we have talked to Secretary Abell and others, to ask: what happens now? If I am a woman in the Iraqi theater, where do I go? What is there available?

Or as when I spoke to Secretary Brown and asked him, "Okay, these particular things you are going to do, have you done them? What is the timeline?"

So I think the specifics are very important. And I think it is not just important about what is available and what is the real process to go through it.

But you have to also remember at the same time, at least in the case of a woman, that it is a very difficult time in her life. So she is not necessarily even thinking straight over what has happened to her.

I mean, some days it is just trying to get through the next hour. And you are like, some days you wish you would be dead rather than have to face what you have just gone through.

So I think as this committee takes a look at that, we have to understand that the system has to be well-known and it has to be readily available because there is a lot of trauma going on.

Thank you, Mr. Chairman.

Ms. WALTERS. I definitely agree. I think the whole point of trauma, remembering that someone just experienced a trauma, I think is a real important point. How do you respond to a trauma victim?

Mr. MCHUGH. I was very, I suppose, inarticulate as usual in my first question or comment about utilizing the outside systems, rather than getting into the debate about the commander's right to know. And I fully agree that in those 1,100 communities—I believe was the statistic I heard—where those exist, that works fine.

But it is not going to work in CENTCOM because someone who experiences this crime is not going to be able to pick up the phone and call the local parish or the Presbyterian Church if you are in Baghdad. And I do not mean that as a religious slight. Those programs are not there.

So I think we have to do both. I wish it were an avoidable issue because it is going to be very problematic, as you have noted.

I do not see how, in a deployed situation such as we have in Afghanistan and Iraq, that the off-base services part works. So we are not going to be able to avoid that discussion and hopefully resolution totally, I am afraid.

Well, we deeply appreciate your patience and, most of all, appreciate your expertise and your opinions. The subcommittee takes to heart the comment about urgency that Mr. Berkowitz made and certainly wanted to impress that upon the first panel.

We will submit, in all likelihood, some written questions. I know you folks are awful busy. But if you could possibly set aside a few moments to respond to those, it will be very, very helpful to us.

This is an issue that we are not going to let be dropped for the 18th time. Saddam Hussein found himself in a war for 17 ignored resolutions. We are beyond that now. So we owe our soldiers and sailors and airmen no less.

So your continued support and input would be very much appreciated. So with our thanks, I will stand the committee in adjournment.

[Whereupon, at 2:55 p.m., the subcommittee was adjourned.]

A P P E N D I X

JUNE 3, 2003



PREPARED STATEMENTS SUBMITTED FOR THE RECORD

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For Immediate Release: June 3, 2004

Contact: Brynn Barnett (202) 225-4611

**Opening Remarks of Chairman McHugh
Total Force Subcommittee Hearing on
Sexual Assault Prevention and Response in the Armed Forces**

There is a letter written by Sergeant First Class Laurie Emmer, of Fort Bragg, that was published this week in the *Army Times*. The letter is entitled, "*A Leadership Test*" and it sums up why we are here today and why we need to be diligent in our efforts to overhaul prevention and response measures related to crimes of sexual assault in the military.

In Sergeant Emmer's letter, she describes herself as a "seasoned and resourceful senior non-commissioned officer (NCO) and paratrooper." Sergeant Emmer provides her insights from the perspective of being a rape victim and a leader. Sergeant Emmer states, "I must advise victims to report a crime if they seek justice, but I believe they should be aware of the treatment they may receive within their chain of command. I am one who regrets reporting my assault. My assailant was a non-American soldier. Initially, my chain was fantastic and I was treated well, but after I returned from deployment, I found myself constantly running into stone doors." Sergeant Emmer continues her letter by describing accounts of her revictimization resulting from the lack of privacy, victim advocacy, and coordinated care as she sought support services.

Sergeant Emmer closes her letter with the following advice, "Victims still can be great soldiers, but continued victimization after the rape is demoralizing. My leader book now will contain a list on resources for sexual-assault victims, in case any of my soldiers goes through this. I know, as a leader, it is right to report sexual assault, but as a victim, I regret doing so. No soldiers should ever feel that way, be they male, female, enlisted or officer."

Sergeant Emmer's experience is just another example of the system failing our service members. I am concerned that over the past 15 years DOD has been confronted with several major sexual assault and misconduct incidents, including the 1991 Tailhook convention, Aberdeen Proving Ground trainees in 1996, and the more recent Air Force Academy cases. Despite lessons learned and calls for corrective action, many of the

same problems identified in earlier investigations appear to remain unresolved with sexual assaults continuing to plague the military at alarming rates.

Recently, the Department of Defense and the services conducted a series of assessments of their policies and procedures for preventing and responding to sexual assaults. I find it to be a very positive step that during these reviews the Department and services consulted a variety of federal and civilian experts for their valuable insights, especially as we are constantly reminded that problems of sexual assault are not unique to the military but also exist throughout our nation.

Today's hearing is part of the effort of the Total Force Subcommittee to better understand the issues associated with sexual assault in the military and what should be done to provide effective prevention and response measures. To that end, the subcommittee has several objectives for today's hearing:

- We would like to understand what the 90-day Department of Defense Task Force and the services have found from their assessments of sexual assault policies and programs, to include the strengths and weaknesses.
- We want to know what specific recommendations the Department of Defense and services have made and what is being implemented in order to assure appropriate prevention and response capabilities and how these measures will be institutionalized and resourced short- and long-term.
- We would like to understand the Department of Veterans Affairs impressions of the Department of Defense efforts to prevent and respond to sexual assault, the scope of the problem of sexual trauma in our veterans, and the needs of veterans who have experienced sexual trauma while in the military. We are fortunate today to have three witnesses who will address the Department of Veterans Affairs Sexual Trauma Program. As many of our service members leave the military and transition to the VA system, it is imperative that sexual assault victims have a continuum of care for their emotional and medical needs.
- Finally, we want to understand from a broader perspective the nature of sexual assault problems in our nation and what our civilian experts view as priorities for the Department of Defense as it develops effective policies and procedures.

I would like to thank all the witnesses for their dedication and service in their various roles as they work to combat the horrific crime of sexual assault. Your compassionate concern for our service members and especially the victims of sexual assault gives me confidence that we can soon achieve a safe and supportive environment for our women and men in uniform.

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**STATEMENT OF THE
HONORABLE VIC SNYDER**

**HOUSE ARMED SERVICES COMMITTEE
SUBCOMMITTEE ON TOTAL FORCE**

**SEXUAL ASSAULT PREVENTION AND RESPONSE IN
THE ARMED FORCES**

June 3, 2004

Thank you, Mr. Chairman. I also want to welcome Secretary David Chu, Ms. Ellen Embrey, and the Assistant Secretaries of the Services Mr. Reginald Brown, Mr. William Navas and Mr. Michael Dominguez.

I also want thank the witnesses on the second panel for coming this morning: Ms. Juliet Walters from the National Center on Domestic and Sexual Violence, Mr. Scott Berkowitz with the Rape, Assault, and Incest National Network (RAINN), and Dr. Frances Murphy, Under Secretary for Health at the Veterans Health Administration, accompanied by Carol O'Brien and Lori Katz, from the Veterans' Affairs Sexual Trauma Program.

Mr. Chairman, this is not a new issue. Over a decade ago, the Navy faced charges that sailors were sexually harassing and

assaulting civilian and military women at a Tailhook conference. Several years later, the Army faced accusations of wide-spread sexual harassment and assault by drill instructors at Aberdeen Proving Ground. And, just last year, allegations that sexual assault has been prevalent at the Air Force Academy for years has once again brought the issue of sexual assault to the forefront of the nation's attention.

Sexual assault is not just limited to those who wear a uniform. In fact, sexual assault is a larger societal problem that must be addressed. However, the reason we are here today is that we—the nation—hold our service members to a higher standard. Honor and duty are more than just words on paper or carved in stone. It is a code and way of life that the majority of service members live by, and when honor and duty are tarnished in any way, it breaks the trust and standing of all those who serve in uniform.

Sexual assault is a criminal matter, but it also has a direct impact on military readiness. We must ensure that commanders and their troops understand that they must approach preventing and eliminating sexual assault with the same dedication and commitment that they give to accomplishing other missions.

The issue before us is how do we make systematic changes that have a lasting effect so the Department and the Services are not managing by crisis? How do we ensure in years to come that we have done all we can to prevent assaults from occurring, but when they tragically do occur we have a responsive program that provides support to the victim and takes appropriate steps to hold alleged perpetrators responsible for their crime?

Thank you, Mr. Chairman. I look forward to hearing from our witnesses.

Total Force Subcommittee Opening Statement**June 3, 2004****Rep. Ellen O. Tauscher**

Thank you Mr. Chairman and Ranking Member Snyder for calling a hearing on such an important topic.

As you know, combating violence against women in the military has been a priority of mine for quite some time.

The September 24th hearing held by this subcommittee regarding the findings of The Panel to Review Sexual Misconduct Allegations at the U.S. Air Force Academy provided the committee with useful information about that specific situation.

However, the Air Force at large has also had high number of sexual assaults.

There have been ninety-two accusations of rape involving Air Force personnel since 2001.

In 2002 alone, two dozen women at Sheppard Air Force Base in Texas reported attacks.

Furthermore, in the past 18 months, there have been at least 112 reports of sexual misconduct, including rape, in the Central Command area.

On March 8th, *The New York Times* ran a story entitled "Reports of Rape in Pacific Spur Air Force Steps."

The Air Force has been conducting a review of how sexual assault is reported, how it can be prevented, and how commanders deal with victims, dating back to 2001.

During this time period, there were 106 service members accused in 92 cases of rape in the Pacific.

After reading this story, I spoke with Secretary Roche about how we in the Congress can help the Air Force curb this problem.

I also met with Secretary Dominguez to discuss the problem further.

I look forward to Secretary Dominguez's testimony today informing the committee of how the Air Force is making changes.

I also look forward to hearing what the other services are doing to improve their policies and procedures regarding sexual assault.

There must be a service-wide undertaking of aggressive action plans to combat this problem.

It is a major problem that these task force reports all state that there is no consistency or uniformity in the delivery of services to victims of sexual assault within each branch of the military, much less across services.

DoD is operating in the mode of joint operability in its combat operations, but is not being as progressive in its personnel operations.

This needs to change.

It really concerns me that this committee had a chance to replace Article 120 of the UCMJ with current federal civilian law, which is more in line with state sexual assault statutes and provides better measures for prosecution, but we failed to do so because DoD was opposed to it.

Mr. Chairman, Congress and the military cannot condone a culture of violence and disrespect toward women.

There needs to be a massive restructuring of military policies and procedures and I hope that today's witnesses will tell the committee how they are planning and implementing effective Agenda's for Change.

Thank you again for having this hearing.

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CONGRESS OF THE UNITED STATES

LOUISE M. SLAUGHTER
28TH DISTRICT, NEW YORK

COMMITTEE ON RULES
SUBCOMMITTEE ON
LEGISLATIVE AND BUDGET PROCESS

SELECT COMMITTEE ON
HOMELAND SECURITY

CONGRESSIONAL CAUCUS FOR
WOMEN'S ISSUES
DEMOCRATIC CO-CHAIR

CONGRESSIONAL ARTS CAUCUS
DEMOCRATIC CO-CHAIR

COMMITTEE ON ORGANIZATION,
STUDY, AND REVIEW

WHIP PARLIAMENTARY GROUP

COMMISSION ON SECURITY AND
COOPERATION IN EUROPE

CONGRESSWOMAN LOUISE M. SLAUGHTER

STATEMENT

HEARING ON

SEXUAL ASSAULT IN THE ARMED FORCES

BY THE TOTAL FORCE SUBCOMMITTEE
OF THE HOUSE ARMED SERVICES COMMITTEE

June 3, 2004
2218 Rayburn, 10:00 a.m.

Good morning. I would like to thank Chairman McHugh and Ranking Member Snyder for having the Total Force Subcommittee of the House Armed Services Committee hold this hearing today on the topic of sexual assault in the armed forces.

As you are aware, Shelley Moore Capito and I, as Co-Chairs of the Congressional Caucus for Women's Issues, held a Women's Caucus hearing earlier this year on sexual assault of women in the military.

Mr. Chairman, we would like to submit the report from the Women's Caucus hearing for the record today.

We have also submitted the report from the Women's Caucus hearing to Secretary of Defense Donald Rumsfeld and to the Task Force on Care for Victims of Sexual Assault during their investigation into this issue.

I would also like to thank the witnesses for coming here to testify before the subcommittee today.

I think I probably speak for all of my colleagues by saying that we wish this hearing did not have to take place.

For those of us who have served for several Congresses, this issue brings on a disconcerting sense of déjà vu.

And indeed, we have been here before.

In 1991, Congress held hearings in the wake of the Tailhook Convention scandal, where women in uniform were forced to run a gauntlet of drunken military men who harassed, groped, and cursed at them.

In 1993, the Air Force Academy was embroiled in a scandal involving numerous rape cases. The Air Force leadership acknowledged a serious problem and pledged to take steps to resolve it.

In 1994, a General Accounting Office study found systematic harassment of female cadets at all three service academies—West Point and Annapolis, as well as Colorado Springs.

In 1996, drill sergeants at the Aberdeen Proving Ground were accused of dozens of cases of rape, extortion, and assault against the women recruits under their instruction.

In summer 2002, four military wives were murdered by their husbands stationed at Fort Bragg within a space of six weeks.

Today, once again, rape, sexual assault, and harassment allegations plague the Air Force Academy and other segments of the military. And once again, military leaders have sounded shocked to learn a problem exists.

Several months ago, the Air Force sent a special investigator to Sheppard Air Force Base in Texas to look into the fact that two dozen women had reported being raped in the space of one year.

Servicewomen returning from Iraq and the Middle East have reported dozens of cases of rape – DOD has formally acknowledged over 100 instances, which led to the creation of the Task Force on Care for Victims of Sexual Assault.

Today, speaking on behalf of women my fellow Members of Congress, **we expect this to be the last time the military brass comes to Capitol Hill to tell us why nothing has changed.**

For my own part, I regret to say that I have had the occasion to develop a long history of activism on behalf of women who have been assaulted in the U.S. armed services. A few of you in the room may know the story of my constituent, an Air Force First Lieutenant who reported her rape while stationed in Europe. Not only was this young woman put

through living hell by her superiors, but those very superiors were later promoted and decorated. I was also a member of the delegation of women Members of Congress who went to Aberdeen Proving Ground and met with the young women there who had been brutalized. As a co-author of the Violence Against Women Act, I've had the opportunity to speak to numbers of women trapped in abusive relationships, including many military wives.

I would like to make special note of my profound concern about what is occurring at the military academies. The students chosen to attend the academies are the "cream of the crop" – they are scholars, athletes, young people committed to community and public service.

When we send these young people – and particularly these young men – to the academies, they are not arriving as thugs and rapists. Something is happening there that allows these traits to develop and flourish.

As Members of Congress, we nominate high school seniors for acceptance into the academies. I feel a personal responsibility for the safety and well-being of every young man and woman who attends from my district. I am no longer confident that I can look parents in the eye and tell them that a military academy is the best possible place for their children.

I suggest that part of the problem lies in our military's practice of not consistently separate the professional use of power and force from its personal use. Academy cadets are given extraordinary power over underclassmen, everywhere from the classroom to the dormitory to the dining hall. For a teenager, this type of power can too easily pervert the values and norms instilled by their families and communities.

One major report on the future of the armed services defined power as, "the ability to overtly or covertly affect, control, manipulate, deny, exploit, or destroy targets, including forces, people, equipment, and information, and the ability to survive while affecting targets."

In a military setting, this type of power can lead to battlefield domination. Among personal relationships, however, this definition of power leads to conflict and violence.

Clearly, this problem have proven persistent and pernicious. The landscape is littered with failed past reform attempts. Rape and sexual violence in the U.S. military have continued even as numerous Secretaries of Defense, Joint Chiefs of Staff, and military leaders have come and gone.

I believe it is time, then, to take this problem to the highest possible authority: our Commander-in-Chief. I would like very much to see the President speak out on this issue, sending a clear message to both our troops and their leadership that violence against their comrades in uniform will not be tolerated.

This problem goes to the very heart of our military's future. Women in the military are here to stay. In fact, women are enlisting in increasing numbers. They play a crucial role in every aspect of military operations, from supply lines to strategy.

But women are not stupid. They will not knowingly and casually put themselves at risk of sexual assault. If we do not address this problem here and now, I predict the Pentagon will witness a growing exodus of enlisted women, and growing problems in filling the critical positions they occupy. In time, recruitment and retention across all the armed services could be impacted by women's unwillingness to join an organization that devalues their contributions and disrespects their basic rights.

Through my work on this issue on behalf of the Women's Caucus, my office has heard from literally dozens of current and former service members all over the nation, and even some posted overseas and in Iraq. They are desperate for this issue to be acknowledged and addressed once and for all. **Our message to them is this: We hear you. And we will not allow this situation to go unchallenged.**

Once again, I would like to thank Chairman McHugh, Ranking Member Snyder, the other Subcommittee Members, and the witnesses who have come here today – hopefully we can all work together to achieve concrete and effective measures to address this very serious problem.

Congress of the United States

Washington, DC 20515

April 20, 2004

The Honorable Donald H. Rumsfeld
Secretary of Defense
1000 Defense Pentagon
Washington, DC 20301-1000

Dear Secretary Rumsfeld:

As you may know, the bipartisan Congressional Caucus for Women's Issues held a hearing on sexual assault of women in the military on March 31, 2004. At this hearing, the Women's Caucus received testimony from Anita K. Blair, Deputy Assistant Secretary of the Navy for Personnel Programs, U.S. Department of Defense (DoD); Jennifer Machmer, a U.S. Army Captain who was sexually assaulted; Scott Berkowitz, President and Founder of the Rape, Abuse and Incest National Network (RAINN); and Christine Hansen, Executive Director of The Miles Foundation.

As part of the ongoing efforts by the Women's Caucus to monitor and address the problem of sexual assault in the military, this hearing explored a variety of issues, including the need to ensure the privacy and confidentiality of victims; to provide access to appropriate medical treatment, counseling and other services for victims; and to take the necessary measures to eliminate the root causes that have continued to allow assaults to occur within the armed forces. We urge the Department of Defense to implement a policy of zero tolerance of sexual assault.

Enclosed, please find a report of the proceedings of the Women's Caucus hearing, which we trust that you and your staff will find useful in your efforts to address this problem. We appreciate the steps that you and your Department have taken thus far to address sexual assault in the military, including the Task Force on Care for Victims of Sexual Assaults, led by Ellen Embrey, Deputy Assistant Secretary of Defense for Health Protection and Readiness. The Task Force's investigation of the treatment of victims of sexual assault and its review of DOD policies pertaining to sexual assault and victim treatment will hopefully prove to be a useful measure in remediating this serious issue.

We look forward to the release of the Task Force's report on April 30 and to working with you and your colleagues to find permanent solutions to the problem of sexual assault in the military.

Sincerely,

/s/
Louise M. Slaughter
Co-Chair, Congressional Caucus
for Women's Issues

/s/
Shelley Moore Capito
Co-Chair, Congressional Caucus
for Women's Issues

/s/
Hilda L. Solis
Vice-Chair, Congressional Caucus
for Women's Issues

/s/
Ginny Brown-Waite
Vice-Chair, Congressional Caucus
for Women's Issues

cc: David Chu, Under Secretary, Personnel and Readiness, U.S. Department of Defense
Ellen Embrey, Deputy Assistant Secretary, Health Protection and Readiness, U.S. Department of Defense
Anita K. Blair, Deputy Assistant Secretary



**CONGRESSIONAL CAUCUS FOR
WOMEN'S ISSUES**

**REPORT TO
U.S. DEPARTMENT OF DEFENSE**

***PROCEEDINGS OF HEARING ON
SEXUAL ASSAULT IN THE MILITARY***

Wednesday, March 31, 2004

**2247 Rayburn House Office Building
Washington, D.C.**

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WOMEN'S CAUCUS PARTICIPANTS

The Honorable Louise McIntosh Slaughter, Co-Chair, Congressional Caucus for Women's Issues

The Honorable Shelley Moore Capito, Co-Chair, Congressional Caucus for Women's Issues

The Honorable Ginny Brown-Waite, Vice-Chair, Congressional Caucus for Women's Issues

The Honorable Hilda L. Solis, Vice-Chair, Congressional Caucus for Women's Issues

The Honorable Carolyn C. Kilpatrick

The Honorable Diane E. Watson

The Honorable Carolyn B. Maloney

The Honorable Eleanor Holmes Norton

The Honorable Susan Davis*

The Honorable Maxine Waters*

The Honorable Sheila Jackson Lee*

**Members attended, but did not make opening remarks. A statement submitted by Rep. Sheila Jackson Lee is included at the end of this report with the Additional Member Statements.*

WITNESSES

Anita K. Blair, Deputy Assistant Secretary of the Navy for Personnel Programs, U.S. Department of Defense, Washington, D.C.

Scott Berkowitz, President and Founder, Rape, Abuse and Incest National Network (RAINN), Washington, D.C.

Jennifer Machmer, Captain, U.S. Army, Buffalo, NY

Christine Hansen, Executive Director, The Miles Foundation, Newtown, CT

EXECUTIVE SUMMARY

Women serving in the U.S. Armed Forces dedicate their lives to protecting our nation. Recent reports have exposed an alarming trend of sexual assault against women in the military, putting women in an even more dangerous situation. The Pentagon, for example, has reported more than 100 cases of sexual assaults among troops deployed in the Middle East over the past 14 months. Moreover, the U.S. Air Force is investigating its handling of sexual assaults within its service after reports that at least 142 sexual assaults occurred between 1993 and 2002 at the Air Force Academy in Colorado. Air Force officials recently confirmed that at least 92 allegations of rape involving Air Force personnel were reported in the Pacific Command between 2001 and 2003.

News accounts and reports from both the armed services and sexual assault victims indicate that the military has fallen short in providing victims of sexual assault – particularly those in combat zones – with adequate medical treatment and counseling. Indications are that many women have chosen to report the assaults only to civilian groups or not at all, for fear of punishment, lack of privacy, and lack of proper medical attention and counseling services if they report the assaults within military channels. Clearly, a close examination of this issue is necessary to ensure that the military protects the privacy of victims, provides access to appropriate medical treatment, counseling and other services for victims, and develops an understanding of what is necessary to eliminate the root causes that enable a culture to exist within the military that enables such assaults to occur.

In order to educate members of Congress and their staff about these issues and explore ways in which Congress can help find solutions to this serious problem, the Congressional

Caucus for Women's Issues held a hearing on sexual assault in the military on March 31, 2004.

Witnesses at the hearing included:

- Anita K. Blair, Deputy Assistant Secretary of the Navy for Personnel Programs, U.S. Department of Defense, Washington, D.C.;
- Scott Berkowitz, President and Founder, Rape, Abuse and Incest National Network (RAINN), Washington, D.C.;
- Jennifer Machmer, Captain, U.S. Army, Buffalo, NY; and
- Christine Hansen, Executive Director, The Miles Foundation, Newtown, CT.

Several Members of the Congressional Caucus for Women's Issues who were unable to present statements during the hearing have submitted written statements, which are also included within this report. Additionally, the report contains written testimony from three invited witnesses who were unable to attend the hearing, including a Major in the Army Reserves who reports that she was raped by an Army soldier in Kuwait in March 2003; an Air Force officer who reports that she was date-raped by a fellow officer 14 months prior to the hearing; and an Army Sergeant First Class who reports that she was raped by an officer while deployed in Afghanistan in Spring 2003.

The Congressional Caucus for Women's Issues has received more than 50 additional written statements and dozens of telephone calls from sexual assault survivors and others who have been affected by the problem of sexual assault in the military. This testimony is primarily from sexual assault survivors who are on active duty, retired military veterans, military spouses, and other interested parties. In order to respect the confidentiality and privacy of those witnesses, their written statements are not being included within this public report.

HEARING PROCEEDINGS

MS. SLAUGHTER: I am sure the Co-Chair is on her way, but let us begin. I appreciate all of you being here this morning and on time, and I think that we should start as close on time as we can.

My name is Louise Slaughter. I am the Congressional Representative of the 28th Congressional District of New York -- Rochester, Buffalo, and Niagara Falls -- and I thank all of you for being here this morning. This is a very important hearing for us.

I know that I speak for all of my colleagues when I say that we wish we didn't have to be here. For those of who have served for several Congresses, this issue brings on a disconcerting sense of deja vu, and indeed, we have been here before.

In 1991, Congress held hearings in the wake of the Tailhook Convention scandal, where women in uniform were forced to run a gauntlet of drunken military men who harassed, groped, and cursed at them.

In 1993, the Air Force Academy was embroiled in a scandal involving numerous rape cases. The Air Force leadership acknowledged a serious problem and pledged to take care and take steps to resolve it.

In 1994, the General Accounting Office study found systematic harassment of female cadets at all three service academies -- West Point, Annapolis, as well as the Air Force Academy.

In 1996, drill sergeants at the Aberdeen Proving Ground were accused of dozens of cases of rape, extortion, and assault against women recruits under their instruction.

In the summer of 2002, four military wives were murdered by their husbands stationed at Fort Bragg within a space of six weeks.

And today, once again, rape and sexual assault and harassment allegations plague the Air Force Academy. And, once again, military leaders are shocked – shocked – to learn there's a problem.

One month ago, the Air Force sent a special investigator to Sheppard Air Force Base in Texas to look into the fact that two-dozen women had reported being raped in the space of one year.

Servicewomen returning from Iraq and the Middle East have reported dozens of cases of rape, and DoD has formally acknowledged over 100 instances which led to the creation of the current task force on care for victims of sexual assault. That in itself is a statement, that we will care for them now but we're still not going to be able to do much to stop it, apparently.

Today, as women Members of Congress, we hope that this is the last time that we will have to have a hearing on why these things have happened and why nothing has really changed.

For my own part, I regret to say that I've had the occasion to develop a long history of activism on behalf of women who have been assaulted in the United States armed services. You may or may not have heard the story of a constituent of mine, Air Force First Lieutenant Julie Klemm, a young woman with high intelligence, highly rated, great future ahead of her, who reported rape while she was stationed in Europe by one of her fellow officers. Not only was Julie put through a living hell by her superiors, but those superiors were later promoted and decorated.

I was a member of the delegation of women Members of Congress who went to the Aberdeen Proving Ground and met with young women there who had been brutalized. And as co-author of the Violence Against Women Act, I've had the opportunity to speak to numbers of women trapped in abusive relationships, including many military wives.

I want to make a special note of my profound concern about what is occurring at the military academies. The students who are chosen to attend those academies by Members of Congress are the cream of the crop. They are the top students. They are not people who go raping and pillaging through the village. The question that we have to ask is what happens to them once they leave home and go into the military academy situation. They are certainly not arriving there as thugs and rapists. Something happens there that allows these traits to develop and flourish in some.

As Members of Congress, we send the young people there, and I feel that I am no longer confident to look parents in the eye and tell them that the military academy is the best possible place for their daughters. And I suggest that part of the problem lies in the military's practice of not consistently separating the professional use of power and force from its personal use.

Academy cadets are given extraordinary power over their underclassmen, everywhere from the classroom to the dormitory to the dining hall, and no place are they exempt. For a teenager, this kind of power can be too easily perverted and can change the values and norms instilled by their families and their communities.

One major report on the future of the armed services defined power as "the ability to overtly or covertly affect, control, manipulate, deny, exploit, or destroy targets, including forces, people, equipment, and information, and the ability to survive while affecting targets." In the military setting, this type of power can lead to battlefield domination. But among personal relationships, this definition of power leads to conflict and violence.

Clearly, this problem has proven persistent and pernicious. The landscape is littered with failed past reform attempts. Rape and sexual violence in the U.S. military have continued even under numerous Secretaries of Defense, Joint Chiefs of Staffs, and military leaders who have come and gone. The problem goes to the very heart of the military's future. Women in the

military are here to stay, and, in fact, women are enlisting in increasing numbers, and they play a crucial role in every aspect of military operations, from supply lines to strategy.

But women are not stupid. They will not knowingly and casually put themselves at risk of sexual assault. If we do not address this problem here and now, I predict that the Pentagon will witness a growing exodus of enlisted women and growing problems in filling the positions that they occupy. In time, recruitment and retention within all of the armed services could be impacted by a woman's unwillingness to join an organization that devalues their contributions and disrespects their basic human rights.

In organizing this hearing, my office has heard from literally dozens of current and former servicemembers all over the Nation, and even some posted overseas and in Iraq. Many of them have submitted statements for us today. Our message to them is this: We hear you and we will not allow the situation to go unchallenged.

One of the most poignant, we had a young man who called us from Iraq and said that in his command a woman was being sexually harassed, and as he reported it and tried to do something about it, he was stopped. These are the kinds of things that we want to discuss this morning.

First, I would like to introduce my colleagues for their opening remarks. First, my good colleague Shelley Moore Capito, Republican Co-Chair of the Congressional Caucus for Women's Issues, for her statement.

MS. CAPITO: Thank you, Congresswoman Slaughter, and thank you all for being here today. I am Shelley Moore Capito, and I represent the 2nd District of West Virginia. I would like to thank the panelists for being here with us this morning.

I hope each of you will take the opportunity to educate, as many of you all have in private, the Women's Caucus on what you know of sexual assaults in the military, how we can prevent them, as well as aid and comfort those who have survived attacks.

With that information you provide to us here today, we're going to continue to shed light on this problem and work with the Department of Defense to stop these attacks from happening. Each and every one of us is concerned about the welfare of the men and women we send to defend our country. And I think the American people understand that war can be violent, but what the American people will not tolerate is the assault or rape of a female soldier by a fellow soldier. How shameful.

Simply put, this is unacceptable. Women are going to serve in the military. There is nothing that will change that, and thank goodness. We need to work through this problem, understand its causes, and put in place measures that will prevent it from happening.

I would like to see the military increased training for our officers so they're better equipped to deal with the possibility of a sexual assault. The military needs to have a clear and concise protocol that protects privacy and ensures safety which women can follow in case of an attack. Appropriate medical treatment and counseling needs to be available to all women at all times during their service, no matter where they are in this world.

We recently celebrated the tenth anniversary of the Violence Against Women Act. At that time we learned of the dramatic change in attitude that our law enforcement has towards the abuse of women. We need to have a similar change of attitude in the United States military. It needs to be made perfectly clear that it is unacceptable to sexually assault a female soldier, and if you do choose to make that mistake, you will be held accountable for your actions, no matter who you are, what your rank is, or what conditions you serve under.

I look forward to hearing from the panel. I'm interested in your points of view. I can tell you that I as well as the Members of this Caucus are committed to stopping the sexual assault of women serving in our military.

Thank you.

MS. SLAUGHTER: Thank you, Shelley. I'd now like to introduce the Republican Co-Chair, Ginny Brown-Waite.

MS. BROWN-WAITE: Thank you very much.

First of all, I want to thank the panelists for being here. This is a matter that we all need to take very, very seriously. You know, years ago, law enforcement officers, when confronted with either a rape or a domestic violence case, thought, "Oh, well, she must have deserved it." I want to make sure that we don't have a Pentagon that is saying the same thing, that we don't have women in the military who are afraid to report sexual harassment and/or sexual assaults.

You know, some of us took solace in the fact, when the victims' accounts began, that the panel was formed and that the Department responded quickly to form the review panel. And I know that Secretary Rumsfeld created the task force to examine the charges.

I think really it is just the tip of the iceberg, and I think that this Women's Caucus, I think that every Member of Congress should absolutely insist that there be no excuses, that there be no coverup, and that we treat this very seriously.

I only had daughters. With what's happening, I'm afraid I would never recommend to my daughters that they ever consider the military. I think until women are a protected species, the same way that we protect some of the wildlife out there -- if we had as much concern for women's rights in the military as many people have for the birds and the bees, with all of the protections that our wildlife and flora and fauna have, we need to have the same protections for females in the military.

I certainly hope that this is a productive panel and that we have a "no excuses" policy here.

Thank you.

MS. SLAUGHTER: Thank you, Ginny.

And now the Democrat Co-Chair of the bipartisan Caucus, Hilda Solis from California.

MS. SOLIS: Thank you, and I'd like to thank Congresswoman Louise Slaughter and Members of our Caucus, the Women's Caucus, for helping to put this together. This is a very, very timely hearing that we're having here, and I'm excited to see the panelists that are here – I commend you for your bravery and courageousness –and also the audience for being here, because this is an issue that oftentimes we do not get a chance to debate on the floor of the Congress.

And I just want to tell you that in just my recent years here in the Congress, I've come to learn that there are so many women that have made tremendous contributions to our Government. Two million of those women now serve on the front lines in our country, and there are currently 15,000 women who are deployed in Iraq alone, risking their lives alongside their male counterparts. These women are courageous, dedicated leaders who risk their lives for our country.

Yet, while these women are defending our country to protect our freedoms, their basic human rights are being violated. And to me that is no right and that is not just.

At least 112 female soldiers have reportedly been victims of sexual assault or rape during the past 18 months in the warfront Central Command of Iraq, Afghanistan, and Kuwait. And many of these high-ranking women soldiers have reported poor medical treatment, lack of counseling, incomplete criminal investigation by senior military officials. And some say that they've received threats warning them not to report these rapes.

What is even worse is that servicewomen who become pregnant as a result of these rapes do not have the same right to terminate their pregnancy as American women. This is because these procedures, for political reasons, are not covered as a part of a soldier's medical care.

And every year, as Members of Congress, we nominate young men and women from our districts to the military academies, and I'm proud to nominate the women who come forward in my district to serve. Their families have entrusted these young people to us, and now it's our responsibility to protect their safety and well-being.

Sexual assault is a crime that violates this Nation's proudest achievement: freedom. Surveys show that three-fourths of the female veterans who have been raped did not report the incident to a ranking officer. Women are assaulted and are scared to report instances of crime, and when they do, they're not taken seriously. What message are we sending about the values and honor of serving our military? How can we say that we're serious about defense when the most horrific crimes are occurring within our own branches of the U.S. military?

Sexual assault is zero-tolerance crime, and we have to stop it. I look forward to hearing from our witnesses, and I'm proud to be a part of this Women's Caucus because I believe all of us in our hearts know that we have to do the right thing and to help speak up about this atrocity.

Thank you.

MS. SLAUGHTER: Thank you, Hilda.

Now we'll hear from the other members who are here in order of appearances, and I would like to ask if they could be brief, if they can, so we can give all the time we have available to the panel. Carolyn Maloney, I believe you were here first.

MS. MALONEY: I thank the Caucus and the leaders of the Caucus for focusing on this tremendously important hearing on the very important issue of sexual assault in the military, and I thank our panelists as well.

This is an issue on which I've worked for many years and am committed to resolving. Plain and simple, it is wrong that women risking their lives to protect us and our country are also in danger of being assaulted by colleagues, and then they face the hurdle of reporting the incident in an environment that does not encourage reporting, can be indifferent to allegations, and is not responsive to the needs of the victims.

This problem has been studied over and over and over, and I am concerned that the recommendations of the investigators more often than not go unheeded. I am aware of at least 18 studies that have been done over the past 16 years investigating the problem of sexual misconduct in the military. But we have seen little evidence that these studies have translated into any concrete improvement for victims of sexual assault serving in our armed forces.

In light of the fact that DoD has commissioned yet another task force in response to sexual misconduct in Kuwait, Afghanistan, and Iraq, I have written yet another letter to Secretary Rumsfeld requesting that he meet with our colleagues, explain what DoD has done in response not to these recommendations but historically to the 18 reports that have been done pointing out problems in the military, serious problems. And I really want to reference one report. In 1999, I authored a bill that was supported bipartisan by this Caucus and it passed, commissioning a report. And the report came back, and it had recommendations. I want to go over these recommendations.

The first was to establish an office focused on sex crimes staffed by trained specialists on sex crimes in each branch of the military – this was the DoD recommendation in 1999 – encouraging guidance against command interference in military criminal investigations. And we have heard as Members of Congress over and over reports of inappropriate command interference. And I quote from the Denver Post recently: "Today, leniency is still the rule as military leaders continue to choose administrative punishments twice as often as criminal

prosecution for those accused of sexual assault." And we repeat that rape is a crime, a criminal crime, and should be treated as such.

They also recommended that qualified civilians and military personnel be equally eligible for leadership positions in the military criminal investigation organizations and requiring sex crime instruction in basic military investigator training.

Again, these were recommendations by DoD. The women serving in our armed forces have volunteered to protect us. We have a duty to protect them as well.

And, lastly, we respect the men and women in the military. They're risking their lives to protect us. But we need to make sure that they are respected and protected as well.

MS. SLAUGHTER: Thank you, Carolyn. Delegate Norton?

MS. NORTON: There are two young men in my office who work for me. Both of them have recently returned from overseas, one of them from 11 months in Iraq. I'm angry that the military has allowed the reputation of these courageous young men and women to be besmirched by not dealing with a problem that this Caucus alone has brought to the attention of the military now for many years.

How did it come to our attention? Because of the most serious of crimes. Not because of a military investigation. Because the press reports that young women who join the service to dedicate their lives to the armed forces and to their country are raped overseas while serving in a combat zone. That's how we know about it.

And, of course, in a bipartisan way, you have this Caucus now once again taking up an issue it has taken up before. Yes, I remember, Ms. Slaughter, that they all came in when Aberdeen, not far from here, was the subject of precisely these kinds of charges. And I want to be clear. We are not simply talking about the kind of sexual harassment very often that you see in civilian society.

I chaired the Equal Employment Opportunity Commission, and when we talked about harassment, when we talked about abuse, we were talking about the kinds of things that shouldn't be done in the workplace, but rarely involved violence.

In the military, that's exactly what we're talking about. And we're talking about murders that often are not prosecuted. We're talking about sexual abuse. And we're talking about men who come home from combat zones and are given so little attention that they begin to assault their own wives and relatives.

Something is wrong with the command, not with the average man and woman serving in the military. The young men in my office have come forward with information to me that simply astonishes me. Let me quote from one example, among many, that I regard, having read this material, as far more typical than not.

An air base in Germany, five airmen received light punishments for choking their wives or girlfriends, records indicate. Their punishments included reprimands, extra duties, and fines.

Let me tell you something about the deterrent effect of the criminal law. The reason you prosecute cases – and the last thing you want to do is to have wholesale prosecution of people in the military. But the reason you do some prosecutions is that deters you and everybody gets the point. And they will truly get the point in the military if someone sees that if you, in fact, commit a crime of the kind that would send you to the slammer in civilian society and that's what happens in the military, that stuff is going to go away because this is a command matter.

Instead, far more typically, even for serious matters – murder, rape –counseling for the serviceman is what is recommended and the command is taught. Remember the career, that it is a career that is at stake. Well, lots of careers go down the drain when you do precisely those things here.

Very, very troubled that for all the attention this has received, over the years it's received so little in the way of remedy, whether you are talking about at the highest levels, most recently at the Air Force Academy, where you're training future leaders, and rape is wholesale, or whether you're talking about in the field, in combat. And that's something that is new, or at least is new for us to discover.

Very concerned that the military doesn't take this seriously at all. This we know from all of the information we have, not only from the work we have done in the Caucus. In 1988, the Congress of the United States indicated to Defense officials that they were to report crimes to the FBI so we would at least know it. The Defense Department reports that it hasn't got the computers up yet. 1988. This is 2004. You want to tell me that at the top murder and abuse is taken seriously? I don't think so.

I don't know if the answer lies – I'm a lawyer; therefore, I look at the Uniform Code of Military Justice. I don't know if the answer lies in tweaking that at all. I respect the notion that it is command that, in fact, has discretion over whether cases shall be prosecuted. But I do know this: that the command isn't going to do what the Pentagon tells them they don't have to do. And at the highest levels, nobody has told the command what to do here because they're not doing it. They're telling people, Don't prosecute. They are not prosecuting.

We better all wake up. There is no longer a debate about women in the military. It is no longer a matter of debate. Whether you're for it or against it, this men and women's army could simply not do its work without women. Not only have women raised the quality of people in the military, you don't have the manpower or the womanpower unless there are women in the military. You are deterring young women from signing up as I speak – you, the military, not those of you in this room. We are deterring young women who read these accounts in the military and find that they will be protected less where they would expect to be protected most.

I thank you very much for your leadership in calling this hearing.

MS. SLAUGHTER: Thank you, Eleanor. Congresswoman Watson?

MS. WATSON: Thank you so much, and I do want to commend our bipartisan leadership for holding this panel. And I'm going to start with my end first.

I think Congresswoman Maloney ought to refile her bill with the signatures on it of all the women who belong to the bipartisan Caucus. I think we need to take a stand ...

MS. MALONEY: I will. Thank you.

MS. WATSON: Please. Thank you.

I think we need to take a stand. I served as a teacher on a couple of military bases abroad, and one of my – well, let me just give the name of it: Okinawa. We had an incident there of a rape that almost chased us out of the country when they reverted back to Japan. And they were asking for the Yankees to go home because three military personnel raped an Okinawan 9-year-old female. And here I am, an ambassador down in that area, and trying to defend my country. When we talk about homeland defense, it goes right – not homeland. Defense of the American people. It goes right to the behavior of Americans, home and abroad.

Now, I know that our forces who are now in Iraq are under severe pressure, both physically and psychologically and emotionally. But that does not excuse the commission of a crime. Sexual assault is a crime. And, Congresswoman Maloney, when I went to the California State Senate in 1978, I went on a women's issue, and I was going to tackle the rape law, because at that time, Congresswoman, the defense of the rapist could require the victim to take a psychiatric examination. Outrageous. It was the only crime that required the victim to take a psychiatric exam. How outrageous is that?

We're all offended. Men as well as women are offended. And so to allow it and to look the other way and say it's all right to do it under your colors is absolutely the biggest outrageous kind of thinking, and we need to do something about it.

MS. SLAUGHTER: Thank you, Congresswoman.

MS. WATSON: So I just want to say thank you, and this is not a beginning because I understand you've been at this.

MS. SLAUGHTER: Some years.

MS. WATSON: But it's re-energizing all of us to go forward and to make law in this area.

MS. SLAUGHTER: Thank you very much.

Congresswoman Kilpatrick?

MS. KILPATRICK: Thank you, Madam Chair, for your leadership and for calling this most important hearing. I am a recent member to the United States Air Force Academy Board of Visitors. I had my first meeting about a month ago, all day long of learning, and for the last three months have been reading about the academy and, of course, about the sexual assaults and all that goes with it.

I invite any of you to contact my office and me as I need information as we go forward. We will be in Colorado in the next month or so at our next meeting, and I do plan to spend a couple of days before the meeting getting to know and asking for small meetings with people who are interested in talking and educating me as a Member of Congress and in my new responsibility.

I think the Fowler Commission did an excellent job in making some of the recommendations, and I would hope that we see some of those implemented very soon. To have sexual assault ignored, not prosecuted, perhaps moving that command staff and going right to the

courts is an action that should be taken. I need more information as a member of the Board of Visitors, and I count on you who have been involved and know much more than I do at this point some of the things we ought to do.

So I welcome you here this morning. Thank you for your courageousness. I probably would not have been appointed had you not spoken up, and I commend you. It is an evil in our country, not just in the military, and rape anywhere is a crime against humanity and mankind.

Thank you so much, and I look forward to working with you.

MS. SLAUGHTER: Thank you very much, Congresswoman. Now we will hear from our witnesses. I'd like to introduce each of you just before you speak, but we will hold questions until we hear from all four of you.

It is my privilege to introduce these witnesses, and I would like to start first with Ms. Anita Blair, the Deputy Assistant Secretary of the Navy for Military Personnel Policy. Ms. Blair is responsible for policy and oversight relating to personnel matters affecting Navy and Marine Corps active duty servicemembers and their families.

In prior public service, Ms. Blair chaired the Congressional Commission on Military Training and Gender-Related Issues. She has served on the Virginia Military Institute Board of Visitors, where she chaired the board's initial Assimilation Review Task Force, providing continuing oversight of issues related to the admission of women to VMI.

Ms. Blair, thank you very much for coming to speak to us.

MS. BLAIR: Thank you very much. Good morning, Madam Co-Chairs and Members of the Caucus. It's a pleasure to be here. I appreciate the opportunity to meet with you and address this very serious subject.

I am not sure if you are aware, but the original witness who was scheduled to appear today had a family medical emergency, and I was pressed into service. And so I want to

acknowledge that you may have questions today that I am not able to answer or that may, you know, require a prediction of the efforts of the ongoing task force. But I want to assure you that each and every one of your questions, comments, concerns, and direction is extremely important to us, and those that I am not able to help you with today we will definitely take back for a response.

MS. SLAUGHTER: Thank you.

MS. BLAIR: Sexual assault is criminal conduct and will not be tolerated in the Department of Defense. Sexual assault is an offense against our institutional values, and leaders at every level have a duty to take appropriate steps to prevent it, protect victims, and hold those who commit such offenses accountable.

As you know, on February 5th, the Secretary of Defense expressed his great concern about recent reports regarding allegations of sexual assault and directed that the Under Secretary of Defense for Personnel and Readiness review how the Department handles prevention, treatment, and care of victims of sexual assault.

Ms. Ellen Embrey, Deputy Assistant Secretary of Defense for Force Health Protection and Readiness, was tasked on February 13th to lead a DoD task force on care for victims of sexual assault. That task force began its work on February 17th and will report its findings through the Under Secretary to the Secretary of Defense by April 30th. That very important work is under way.

The task force has a lot to do in a very short period of time and requires a focused effort to gather information, analyze findings, and provide their recommendations. In this process, the task force will rely on the expertise of many, within and outside the Department. In fact, the task force has requested input from both RAINN and the Miles Foundation represented here this

morning. Other subject matter experts will be drawn from the personnel, equal opportunity, legal services, medical, social sciences, and criminal investigation communities.

The task force's effort has a victim-centric approach. It will assess if victims of sexual assault are being properly treated and if their medical and psychological needs are being properly met. Task force members will address the reporting of sexual assaults. What are the processes for reporting? Are private reporting channels available, especially in theater?

The task force will look at policies, the effectiveness of programs and processes in place to assure they are effective, and that related issues are dealt with promptly. To that end, the task force has met with more than 1,100 individuals in one-on-one and focus group discussions with servicemembers serving in the United States and deployed locations.

The task force is charged to make actionable recommendations that will enhance prevention efforts, encourage reporting so that offenders can be held accountable, and to improve our response to reports of sexual assault, particularly with respect to victim care and safety, whether deployed or on home station.

While the task force has much to do in a short period of time, I have been advised that they will meet the April 30th deadline. We in DoD look forward to their findings and recommendations. We are committed to doing all that we can to assure the Department supports the victim and that we have appropriate services in place to make a positive difference for those who serve.

Thank you.

MS. SLAUGHTER: Thank you, Ms. Blair.

Our next witness is Scott Berkowitz, the president and founder of the Rape, Abuse & Incest National Network, or RAINN, which is America's largest anti-sexual assault organization. RAINN created and operates the national sexual assault hotline, educates more than 120 million

Americans a year about sexual assault, and leads national efforts to improve services to victims and ensure that assailants are brought to justice. RAINN also works with the military to provide sexual assault prevention training.

Mr. Berkowitz, thank you for discussing this problem with us today, and I hope you will tell us why it hasn't worked up to now and what we can do to change that.

MR. BERKOWITZ: Good morning. Thank you, and thank you, Members of the Congressional Women's Caucus, for inviting me to join you today.

Friendly-fire incidents have long been one of the risks and tragedies of war, and thousands of American soldiers have lost their lives or limbs to accident, miscalculation, or miscommunication. Today we have got a whole different sort of risk from within the ranks. While these friendly-fire incidents, if you can call them that, leave no trail of blood, they leave many damaged souls in their wake, and they rob our country of the services of many we have trained and nurtured to protect us. And they rob our soldiers of their dignity and their equanimity and often their sanity.

But, of course, this metaphor isn't perfect because, unlike friendly fire, these are not accidental incidents. These are intentional. And these are criminal. And unlike friendly fire, they don't end even once we have won the battle.

So we are here to discuss really two related problems: one, how to help victims of sexual assault while ensuring that rapists are prosecuted and punished; and, second, how to prevent the attacks from happening in the first place.

Before I get into specifics, I want to make two things clear. One, I am not here to bash the military. I think that the problems it faces are quite similar to those faced by large colleges and faced by civilian institutions. It's unfortunate but, for the moment, true: Where there are many thousands of young, single people, there are, unfortunately, a high number of rape victims.

There's no question that military culture is unique and presents unusual challenges to providing services for victims, as well as unusual challenges in trying to investigate and prosecute cases. But I think it's that culture itself and the tremendous discipline inherent in that culture that gives me some hope that we can improve the situation.

You already know the statistics, such as they are. The Armed Forces Harassment Survey reported that 3 percent of military women and 1 percent of military men were sexually assaulted in 2002. Studies by the Department of Veterans Affairs found that as many as 29 percent of veterans served in VA clinics have been victims of sexual assault while they were in the military. Precise numbers are somewhat elusive, but I think ultimately unnecessary. How big is the problem? It's big enough. It's big enough that we need to fix it.

So how do we fix it? We can start with victim services. As you have note, servicewomen returning from Iraq and Kuwait describe in detail the lack of services provided to them after their assaults and the fear that has kept many of them from reporting to the chain of command. There is no consistency or uniformity at the moment in the delivery of services to sexual assault victims within each branch of the military, much less across services. And, most importantly, there is no confidentiality afforded to victims who seek help.

Much research and our experience serving rape victims has shown us that they respond to their crime quite differently from victims of other crimes. Mental health professionals widely agree that rape is the most traumatic violent crime. The FBI ranks it as the second most violent crime, after only murder. In other words, put another way, it's the most violent and traumatic crime that a victim lives to remember.

And remembering comes very easily to victims of rape. Sexual assault is devastating, often causing post-traumatic stress disorder, depression, sleeplessness, and a long list of other emotional problems. Victims, particularly those who do not get counseling help, are many times

more likely to become addicted to drugs or alcohol and commit suicide. Embarrassment and shame are almost universal among rape victims.

In the civilian world, these reactions help explain why most rape victims are so reluctant to report their attack to police or even to their own friends and family.

Now, add to this mix the fact that reporting will mean everyone knows – and I do mean everyone, from your superiors to your bunkmates. Add in the fear of retaliation, and maybe the fear of being punished yourself for drinking or another infraction. And the prospect of a notation in your permanent personnel record that you superiors will always be able to examine and ponder, a mark that may jeopardize your security clearance that is important to your advancement.

So that is the reality of today's soldier who is attacked in trying to decide how to go about her next steps and whether to report it.

If we could control events after an attack, we would just order victims to report to authorities. They would get the medical and mental health help they need; we'd investigate, we'd prosecute; life would return to relative normal. And that is pretty much the system we have in place today – on paper.

The problem is it doesn't work, and that is the key point that I want to leave you with today. It can never work, no matter how hard we try and no matter how committed the people who are tasked to implement the policy. Most victims simply will not report without a guarantee of confidentiality. As former Congresswoman Tillie Fowler, who chaired the Air Force Academy panel, told me, every victim they interviewed – every single one – told the panel that they would never report without the guarantee of confidentiality. So that is what we are faced with.

I think we can do a couple things to try and improve the situation, adapting lessons that we have learned from the civilian victim service world. First of all, victims who receive prompt, quality, confidential services return to full strength much more quickly. They are able to perform at their jobs better. They reintegrate with their families in a much healthier manner. And perhaps most importantly, from a public policy perspective, they are far more likely to report their attack to law enforcement authorities and to pursue prosecution. And, of course, more reports to law enforcement mean more prosecutions, which means fewer sexual assaults.

The military already provides some counseling services. The quality and availability vary by base, and many bases still lack victim advocates, despite congressional intent. But, still, of the services that now exist, many are quite good. We shouldn't abandon that system, but we should improve it by making it consistent and by standardizing training of first responders and command leadership. We need to make sure that every medical outfit has trained forensic nurses and rape kits on hand to collect evidence. We need to make sure that counselors are available 24/7; that within ranks, it is the rapist who is ostracized, not the victim. Eventually, these improvements may inspire enough confidence to persuade many victims to stay within the system, to get help on base despite the lack of confidentiality.

But in the meantime, for the majority of victims – those who won't get help without confidentiality – rather than asking the military to allow confidentiality on base, the idea of which meets great resistance from those wary of establishing such a precedent, I think it makes the most sense to offer a confidential, off-base alternative.

This does not have to be terribly expensive. These services already exist in over 1,100 communities around the country, at rape crisis centers funded through the Violence Against Women Act and other congressional initiatives. And they are accessible through the national sexual assault hotline, for instance. The most efficient approach, I think, is to take advantage of

those existing resources. Where we have trained, experienced counselors in place, they can be trained to expand their knowledge for specialized details of the military and the unique needs of servicemembers.

Ideally, soldiers accessing these services won't remain outside the system for too long. Our experience and research by the University of Illinois leads us to believe that once the initial trauma passes, many can be encouraged back into the military system to pursue prosecution – assuming, that is, that the standard operating procedures change enough to make vigorous pursuit of rapists the norm. Given a renewed commitment to prosecution by base commanders, these off-base counselors could encourage victims to pursue justice. Rape crisis staffs now routinely play the role of victim advocate, guiding victims through the sometimes Byzantine world of the civilian justice system. With training, they could be well equipped to play a similar role for military victims, and that would also give us a check on the on-base processes. This would give us an outside person who is intimately involved with each case and has an incentive to be anywhere from a *nudge* to a real pain and make sure that investigations are going forward.

Of course, even with these changes, some victims will never consent to report their attack to authorities. But even in that worst-case scenario, we will have made an improvement over the current system. Soldiers today, the norm is that they receive no services, they keep their attack a secret, and we send them to battle with this terrible emotional thing inside them that they can't tell anyone about. At the very minimum, if they get help, they are going to be better soldiers, and that is in our self-interest, of course.

The last civilian lesson, I think, that we need to mention is that prevention and education programs can work. We train our soldiers in so many areas. Our military probably trains young people better than any institution on Earth. So I have no doubt that, with command leadership, with the direction from senior officials, an effective prevention program can be implemented.

But we need to recognize that the most effective prevention – and ultimately the only kind that is going to work – is discipline and full buy-in from leadership. Prevention programs need to be able to credibly communicate leadership's personal commitment to zero tolerance and to the punishment of all who commit such crimes.

One of the most troubling – you know, we have heard a couple things, talking to base commanders and talking to Pentagon folks about this. There are a lot of people that want to do the right thing, and base commanders have said: What do we do? People just are not reporting. How do we know these are happening? How do we help people?

The answers for those folks, I think, are fairly easy. I think we can put the right programs in place, and I think that there is going to be a willingness by a lot of those base commanders to take an active role. I think they are finally seeing the seriousness and the extent of the problem.

But the more troubling episodes are the letters we get and phone calls we get from victims. In some cases, their rapists confessed and yet no charges were brought. This isn't being treated like a crime. This isn't being treated like a crime that is close to murder. It is being treated like a parking ticket or an overdue book. And that needs to change, and that can only come from strong leadership and discipline from the top.

So I thank you for your leadership and for your work on this.

MS. SLAUGHTER: We thank you for your work, too, Mr. Berkowitz. You gave us a lot to think about there.

Our third witness is Captain Jennifer Machmer, who is originally from just outside my district in Buffalo, New York. Captain Machmer, I want to give special thanks to you this morning because you show a lot of courage to come forward and share your story with us.

Captain Machmer was commissioned in December 1999 and went on active duty in September 2000. She recently returned from a tour of duty last year serving our country in Kuwait as an army lieutenant and was promoted to captain in December.

Captain Machmer graduated December 1999 from Gannon University in Erie, Pennsylvania, with a degree in electrical engineering.

We thank you so much for being here today. I know it is difficult, and we cannot tell you how grateful we are that you are willing to come forward. Thank you so much.

CAPTAIN MACHMER: Thank you. I'd like to share my story –

MS. SLAUGHTER: Pull the microphone a little bit closer, if you will please.

CAPTAIN MACHMER: I'd like to share my story, starting with my first year being stationed in Darmstadt, Germany. As a second –

MS. SLAUGHTER: We need the microphone a little bit closer. And maybe you could speak up a little.

CAPTAIN MACHMER: As a second lieutenant, my first deployment was to Poland, and I encountered an NCO who had major difficulties with me as his platoon leader. This came to my attention through some soldiers who could not handle what was being said about me.

I immediately counseled the soldier, removed him from the area, sent him back to Germany, and this incident happened on September 27th of 2001.

Now, on March 6th of 2002, this soldier received punishment from the battalion commander. I mean no offense by what I am about to read, but this is the exact statement from his DA Form 2627, the record of proceedings. This is what he was charged with.

"I am considering whether you should be punished under Article 15 UCMJ for the following misconduct: in that you did, at or near Zmeska (ph) Woods, Poland, on or about 28 September 2001, behave yourself with disrespect towards Second Lieutenant Jennifer Machmer,

your superior commissioned officer, by saying, 'I should just call up the LT and tell her she needs to get rid of that old man,'" – referring to my husband, who is 10 years old than I am. "She needs some of me," or words to that effect. And, "What was she thinking anyway? Maybe it's because old man will kick the bucket soon," or words to that effect. And, "Man, I would like to fuck the shit out of her. I would like to break her back. Why is she with that old bastard? He must have a big dick. She needs a little Sergeant []¹ in her. I hate that fucking cunt. But I'd like to tear her in half," or words to that effect. And that, "If Charlie Company went to war, you were to frag Second Lieutenant Machmer so the enlisted soldiers would not have to worry about anything," or words to that effect. This is in violation of Article 89, UCMJ.

This soldier received a reduction in rank to specialist. He forfeited \$876.20 for two months and had extra duty for 30 days. This soldier still walks that base I worked on.

In May of 2002, I needed marital counseling. I decided to turn to a chaplain, Major – who is now a lieutenant colonel – []² of Heidelberg, Germany. I had known him about a year. I met him on a race in Germany. Being that I am an avid runner, that is where I met him.

I confided in him about many personal issues, which later turned against me being that I made myself vulnerable to this man without realizing what his intentions were. This became a full-blown sexual abuse, and it went on for four months. I felt very betrayed, very embarrassed, and very trapped as well. He offered to be a coach for me for a marathon, which was one of my biggest goals in life. So I continued to see him, being that he was helping me with one of my biggest goals, but at the same time I was, you know, compromising. You know, to run a marathon, I was compromising. And it was unwanted, but I didn't know how to deal with it.

This ended in September, and this is when we were told we would be going to war. So I just buried it in my mind and said mission first, I will prepare my soldiers to go to war.

¹ Name redacted.

² Name redacted.

A recent update on that, Chaplain []³ is leaving Germany within the next few months, and his next duty station is here in D.C. That concerns me that a perpetrator is going to be here.

I felt going to war would relieve me of some of the stress. I left for Kuwait in February of 2003. I was again assaulted in March by an NCO, Master Sergeant []⁴. There was no way I could file away another violation, a sexual violation. So I went and I reported it within a half-hour. The aftermath of reporting it has been terrifying. I am being medically boarded out of the military. I have been offered 30-percent temporary recruitment, but in return I am being directed to go to a formal hearing. Normally you have that choice, but the board wants to hear the details of all my assaults in order to come to agreement on what percentage I deserve.

MS. SLAUGHTER: Do you mean that they rate it? Is that what you are saying?

CAPTAIN MACHMER: Yes, they rated it at 30-percent temporary recruitment.

MS. SLAUGHTER: But if they hear the details, they may think it is worth another percent?

CAPTAIN MACHMER: They may think it is higher; they may think it is lower. I am not sure where the board stands on that.

This NCO – we went through the entire investigation. Article 32 found enough evidence to go court-martial. However, this investigation took way too long. It was finally in August that this man received punishment. At least I thought he received punishment. I just found out this morning that he never received punishment. He is now serving in Fort Knox, Kentucky, finishing out his career, while I am here being raped of my career in such terms.

The revictimization throughout this whole process is amazing. Every time you turn around you are revictimized or retraumatized. And some recommendations just from my experience alone – which I know other women and men have felt the same things. I have read

³ Name redacted.

⁴ Name redacted.

their stories as well, and I have had it checked to make sure I was not reading about myself. But these are some of the things that I have noticed. Investigations are taking way too long to solve. A soldier should not wait six or seven months to hear the result of a case. We need overall better care and protection for the victim. The victim needs immediate medical care and immediate counseling offered. Also, medication seems to be an easy solution. If medication is offered, it needs to be carefully monitored. I told my doctors I would OD if I had medication. They released me from the hospital with a week's supply of four different medications. I returned a few remaining pills back to them, and it was not a surprise.

The victim definitely should not have to work with or be in the same area of operation as the assailant. The NCO in Kuwait, I had to deal with him all the way until August when he was finally returned back to Germany, and then again when I was returned back in September for depression, I ran into him the second day I was there. The command never informed me of his being there. It is very traumatizing.

Stability is needed in many areas of the legal and medical aspects. In the case of Master Sergeant []⁵, I was given five different lawyers in a six-month period. In the hospital, I have been assigned three different primary doctors in a three-month period. This retraumatizes the victim each time we have to trust somebody new, and trust is a major issue when you have been violated.

A victim also should not be charged with a crime based on their own testimony. In June, CID called me and said, "You are being charged. We need you to come in." The charges were fraternization and conduct unbecoming of an officer, and I was the only one who gave testimony. The NCO never spoke.

⁵ Name redacted.

Also, if a victim requests family members to be present after the alleged assault, the military should provide means to get that family to that victim or the victim to the family. My mother was thousands of miles away and felt extremely helpless. And for me, my mother is my means of support.

Also, medical records should be available to the victims in a time frame – a certain time frame. I had requested my medical records back in January. I put four requests in. I went and checked on them last week. They are missing. There is a search out for my medical records at Walter Reed.

Also, I have received some documentation from doctors, and I have learned that the doctors really need to go over these medical records with the victims because there are misunderstandings going on that the – you know, I say one thing, another thing is written; I see it written. I don't understand where they got that from. Or if it is something I am going through which is part of the post-traumatic stress disorder or something, I need to understand that. It just does not to be documented. I need help in understanding what is going on in my mind.

This also ties in with being assigned numerous doctors. I have these files. I cannot find these doctors what they meant or why they wrote this stuff about me.

The medical board is a very long process. I have been here since the 25th of November. My future has been put on hold and it is still on hold because I have not reached the formal hearing yet while Master Sergeant []⁶ is in Fort Knox, Kentucky, doing his own thing. How fair is that?

And rape needs to be understood better across the board. I am being told by some people in the military that I was not raped by Master Sergeant []⁷ because I was only digitally penetrated. I don't care what part of the body somebody uses. I was violated.

⁶ Name redacted.

⁷ Name redacted.

And a final note, I don't believe in a zero tolerance policy working, and my misunderstanding is how can this be taken seriously when commanders at all levels are allowing the perpetrators to remain in the military but kicking the victims out? I offer this: Discharge the perpetrators and help the victims stay in the military. This offers numerous advantages. Victims become survivors. A survivor is the most highly educated and experienced person you will ever find in the military. Why not ask the survivors that volunteer for an additional duty? This duty would be to sponsor the new victims. We know rape and harassment is not going to end immediately. It would make a world of difference to know we are not alone and that there is another armed servicemember out there wearing the same uniform that has survived. And this will also help put the trust back into the military system, the trust that we have dedicated years of our lives to. We want that back.

I am willing to further discuss any issues that I have mentioned. I know there are a lot of issues surrounding abuse in the military. But I also know that nothing will change unless people are willing to change them. I ask for your help in ensuring changes are made in the best interest of the victims and survivors of military abuse.

Thank you.

MS. SLAUGHTER: Thank you, Captain Machmer. Certainly you illustrate the depth of the problem, and we thank you again so much for coming forward.

Now we turn to our final witness, Christine Hansen. We thank you, Christine, for your patience. I know it is always difficult to speak last on a panel, but you are the executive director of the Miles Foundation, a private, nonprofit organization dedicated to providing victim services specifically to the military community and sexual assault prevention training to military personnel. In addition to numerous other research and work that you have done, you are the author of numerous publications addressing both sexual assault and domestic violence within the

military. Your resume is much too long to do justice to you, so I just want to give you time to give us your thoughts and recommendations. And I certainly hope that you will address why someone like Captain Machmer could not have gotten more help.

MS. HANSEN: Good morning, Madam Chair and Members of the Caucus. Thank you for inviting me to provide information, analysis, and recommendations relative to the challenges for victims, survivors, and advocates associated with sexual and domestic violence in the U.S. armed forces.

The Miles Foundation has provided services to over 20,000 survivors of interpersonal violence associated with the military. This encompasses 11,000 survivors of intimate partner violence and over 6,000 survivors of sexual violence since 1996.

I would like to focus upon some reported cases within the services and among the private service providers relative to prevalence, the current state of affairs, and recommendations for change.

The foundation has received reports of 129 credible cases of sexual assault predominantly occurring in Iraq, Kuwait, Afghanistan, and Bahrain. Twenty-seven survivors have reported the incidents to military authorities including commanders, chaplains, military criminal investigators, and security forces.

The foundation has also received reports of 347 credible cases of sexual assault associated with U.S. military installations, both CONUS and OCONUS, during the same 18-month period of time. Twenty-three current or former cadets of the U.S. Air Force Academy have sought information, assistance, and advocacy from the foundation.

The numbers, however, do not tell the whole story. Violence against women associated with the military presents unique challenges for victim safety and offender and system accountability.

The common threads among the cases include: accessibility to medical care and services, including testing for STIs, HIV, and pregnancy; the availability of emergency contraception and medication; availability of mental health counselors and rape trauma specialists; the accessibility of chaplains; the accessibility of victim advocates, victim witness liaisons, and attorneys; the accessibility and availability of information relative to the rights of victims; the accessibility and availability of rape evidence kits and trained personnel to perform the examinations and evidence collection; the lack of or incomplete nature of criminal investigations; numerous administrative hearings conducted by commanders. Often we find the characterization of an attempted or a completed rape, as in Jennifer's case, as "fraternization" and/or "adultery"; the presence of pornography; the isolation of a victim, and issues of safety, particularly the ongoing presence of an alleged assailant and the readily accessible weapons; fear of adverse career impact; fear of adverse impact on security clearances; and the retaliation or retribution by peers and/or commanders.

The many faces in this room, at home, in uniform, on duty at home and abroad, and at our many veterans' centers provide a considerable service and make a considerable sacrifice to our Nation.

Some of the courageous women include Beth, who is a major in the U.S. Army reserves. During Operation Iraqi Freedom, she was sexually assaulted by a noncommissioned officer during a scud missile attack. She followed the reporting procedures, including undergoing the collection of evidence during another scud missile alert. The emergency contraception, in Beth's words, was "simply handed to me as a lot of pills to take. I went on birth control pills in the event that this happened to me again." Beth further notes, "When the evidence came back, it 'proved' that my attacker had penetrated my vagina. CID came to the assumption I had lied. I did not like about my attack. I just do not recall." She expresses sincere concern "because I

cannot identify my attacker, his DNA that was collected after the attack and his DNA on file cannot be used to identify him...and yet another woman should not have to go through what I've been put through." She concludes, "I now understand why women will not go to authorities to report sexual assaults. The authorities make you the perpetrator." Recently, Beth received all the evidence collected following her attack via the U.S. Postal Service, with a handwritten note noting that her case was now closed.

Laurie is a sergeant in the U.S. Army. She has recently returned from Afghanistan. She was sexually assaulted by a soldier serving with the coalition. According to Laurie, "The clinic was set up for mass casualties and sick call, without the privacy needed for examination of a sexual assault." Laurie says she was given "a lot of antibiotics, rather than emergency contraception" or testing for STDs, HIV. Further, mental health cleared her to go forward on missions again, feeling it would be good for her to keep busy. Her supervisor, however, changed his mind and decided that Laurie should not go on. From that time on, she felt as if she was being treated because she had been a victim of a sexual assault. She also recalls that some male soldiers accused her of being at fault for the rape, including proclaiming that she had made false allegations. She submitted to evidence collection and an investigation by U.S. military authorities noting, "Each time I had to say I was raped and where, it was like being raped" all over again. She was not referred for follow-up tests. In order for her to receive additional testing including HIV, Laurie has to go on sick call, explain it to at least three different people in the process, and have the chance of being overheard by other patients. Laurie's case was turned over to the coalition partner. Her alleged assailant, a captain in a coalition nation military, was assigned to a peacekeeping operation in the Balkans within the last month.

Tobey is a lieutenant in the U.S. Air Force. She was allegedly sexually assaulted by a fellow officer. According to her testimony, military criminal investigators and

JAG officers told her, "If I were the defense attorney, I would tell you that you gave the offender mixed signals and that 'no' was not enough." She recalls that she did not just say "no." She physically held on to her panties. She salutes her assailant every day. She trained for over a year for a highly classified mission. She has since lost her security clearance.⁸ She concludes her testimony with, "I feel like I am being punished for a rape that happened to me."

Tara, a lieutenant in the U.S. Marine Corps, and Jesse, an enlisted Navy reservist, share a unique bond. They are victims of the same alleged assailant, a sergeant in the U.S. Marine Corps. The women delayed reporting the incidents to military authorities due to the fear of career impact and reprisals. Both now await military justice.

The challenges for Audra reflect those relative to the collection and processing of evidence and the failure to identify and prosecute a servicemember for an assault. The challenges for Jennifer mirror the challenges for female officers relative to acquaintance rape and threats or charges of adultery, fraternization, and conduct unbecoming. The challenges for Darlene illustrate the conflict of interest inherent in military jurisdiction, as well as the additional trauma when retaining a victim and an alleged assailant in the same unit.

In recent days, several court-martials have been conducted including the prosecution of a female officer for adultery, sodomy, fraternization, and conduct unbecoming following a sexual assault. The officer would have faced 26 years in prison if she had been convicted on these charges. We received word late yesterday afternoon she was not convicted on those particular charges, but she is now spending 30 days in the brig due to a drinking incident. The prosecution of a male medic for two sexual assaults recently resulted in a two-year sentence. An Article 32 hearing in another case included posing questions to the victim and her family relative to family finances and media coverage.

⁸ Subsequently a review of her security clearance was conducted, and her security clearance has been reinstated at the same level as prior to her assault.

One other point that needs to be made is there is an overlap between domestic violence and sexual violence within our society generally but more specifically within the U.S. military.

Domestic violence in the military was illuminated in the mid-1990s when preliminary data concerning the prevalence rate among Army soldiers was compared to the civilian population, noting the rate was at least 2.5 times higher than the civilian rate.

Kim, who is an Air Force veteran, was a victim of sexual assault during her military service, followed by domestic violence within her marriage to an army sergeant.

Robin and Lori share a special bond as the wives of a naval security officer convicted of domestic violence and adultery. Lori remains in a witness protection program since his release from the brig after several months.

The testimonials furnished to Congress also emphasize the disturbing trend which runs through domestic and sexual violence cases in our armed forces, regardless of the branch: the revictimization of the victims. The lack of effective responses and protocols within our armed forces has created an atmosphere where female and male reporters are not only endangering their personal safety, they are also potentially jeopardizing their personal freedom and their careers. The military may have created a code of silence. In light of the great many sacrifices these women and men make on behalf of our country, this code is unacceptable and more than disrespectful. Our service women and men deserve better. That is why we are here today, to demand standards and protocols that protect our service women and men in the same manner they protect us, with unrelenting dedication, courage, and valor.

On behalf of victims, survivors, and advocates within the military community, we encourage the adoption of emergency protocols, including: making rape evidence kits available at the unit level; making victim advocates and victim witness liaisons available at the unit level; increasing the availability of emergency contraception and testing supplies for STIs, HIV, and

pregnancy; supplying personnel with training and education to collect and process evidence; ensuring that victims are informed of their rights and the status of any investigations, administrative or criminal; crafting a list potentially of senior NCOs or officers who have basic rape crisis training to act as liaisons and advocates for victims; and pre-deployment training in sexual assault for all leaders, noncommissioned, senior noncommissioned, and officers.

Senior leadership should set a standard for behavior and ensure instruction to officers, senior noncommissioned and noncommissioned officers to fully establish a zero tolerance policy. The U.S. Armed Forces must ensure a safe environment for soldiers, sailors, marines, airmen and women, as well as their families and partners.

We ask for the standardization of policies and programs among the military departments in order to ensure victim safety and offender and system accountability. Priority must be given to the barriers which preclude access to services, care, and treatment for victims.

These barriers including: mandatory reporting procedures, the lack of privacy and confidentiality of communications, fear of adverse career impact, and the fear of being charged with disciplinary infractions, as we have seen at the U.S. Air Force Academy, such as alcohol, drugs, fraternization, or adultery.

The absence of confidentiality is the most significant deterrent to victims reporting abuse to military authorities. The lack of confidentiality may be even more an issue for officers than enlisted women. Although victimization should not adversely affect a woman's career, there is widespread concern and evidence that it has a serious impact.

The adoption of a nondisclosure or privacy privilege has been recommended by task forces and commissions for years. In addition, Congress has encouraged the Department of Defense to adopt a nondisclosure policy in order to address this barrier to seeking help, resources, and treatment.

We also urge the development of a military-wide protocol to standardize responses within and among the services. The adoption of best professional practices evident in our civilian community should include sexual assault nurse examiners, sexual assault response teams, and domestic violence response teams.

We believe that training, training, and more training to alter the culture may not result in policy and social change without a foundation of laws, policies, and programs. Thus, we urge a review of the statutes under the Uniform Code of Military Justice, recent military case law, and administrative regulations. The review should include, but not be limited to, the lack of a rape shield provision, privacy in cases of sexual assault and domestic violence, response of military law enforcement at the scene of a domestic violence incident, fatality review panels, and the Armed Forces Domestic Security Act.

A review of disciplinary actions contained within personnel records would also serve to educate and inform relative to the response of leadership to a zero tolerance policy. The precedent for such an analysis is contained in the "Abuse Victims Study" mandated by Congress in 1993.

We urge Congress to build upon the victim advocate program within the Department of Defense, as authorized in 1994 and supported by recent appropriations and protocols, by creating an Office of the Victim Advocate. This office would restore access to services and treatment, standardize protocols among the military departments, reduce the bureaucracy for victims and survivors, and remove the barriers to reporting for military personnel, families, and partners.

We also recommend the approval of a \$10 million appropriation for fiscal year 2005 to support the office, contract victim advocates, establish a victim advocate protocol, and standardize services, care, and treatment among the departments.

Finally, the Office of the Victim Advocate was supported by over 80 local, state, and national organizations and several hundred survivors when outlined within "Improving the U.S. Armed Forces Response to Violence Against Women: Recommendations for Change" in 1999. We continue to collaborate with anti-violence groups, women's organizations, battered women's shelters, rape crisis centers, prevention specialists, service providers, human rights advocates and activists in order to ensure a full inquiry, the adoption of emergency measures, and the implementation of long-term solutions for current and future generations. The Napoleonic code of divide and conquer will not detract from this significant effort to obtain privacy, safety, and reform for military personnel, families, and their partners.

On behalf of victims, survivors, and the advocates who serve this population, thank you for the opportunity to present this testimony. We believe that the establishment of an Office of the Victim Advocate will go far to restoring services and safeguarding military personnel, families, and partners.

Thank you.

MS. SLAUGHTER: Thank you, Christine.

I will start the questioning now, and let me just say a couple things myself, if I may.

First, Ms. Blair, having a task force have a time certain to end, the end of April, does not make me think that they are going to be thorough enough. And we have seen this numerous times, and nothing really has come of it. We will send this testimony over to the task force, but what strikes me is that the UCMJ has a different aspect, obviously, of a person charged with rape. A civilian obviously would be arrested, taken away, tried, convicted perhaps, or not. And that seems to me to be a very heavy lack here.

As I understand it, the task force itself is only to provide victim services and what you can do to make it better for victims. What we would like to see us do is do everything we can to prevent victims.

My concern again is, hearing these stories over and over of being victimized, having to salute your rapist every day borders on cruel. And certainly some attention should be paid immediately to separating the person who has been charged until some adjudication has taken place from their regular duties, which I think would serve to show other members that this will not be tolerated.

I am not sure – I wish we had the statistics. I would love to know how many people have been charged and really what some of the adjudication of those cases were. As I understood from Christine, you had 129 reported.

MS. HANSEN: Yes.

MS. SLAUGHTER: And only 20 of them had reported to –

MS. HANSEN: Only 27 have gone forward to date and reported to military authorities.

MS. SLAUGHTER: The others just came to you?

MS. HANSEN: Yes. They're in the process.

MS. SLAUGHTER: If that small percentage of women in the services are afraid, and in the military academies – because certainly we know awful things, too, of young women with great promise, doing wonderful work, have had their careers ruined because it seems to me – and I don't want to make a broad assumption here, but the assumption is that the victim is probably not telling the truth and that they have to prove over and over and over again, despite evidence that they are.

And, Captain Machmer, if you were assaulted by a chaplain, I find that terribly – did I understand from your testimony that not any of the men that you had reported were really punished, that they have all gone on with their careers?

CAPTAIN MACHMER: Currently the chaplain situation is being investigated. I was very hesitant to go to the military due to my experience in Iraq with the military system. Therefore, I went to the Church of the Nazarene. Unfortunately, I talked to a gentleman who was a prior military servicemember. I reported it to him, not knowing he was prior military. He told me he would take care of it and he was very sorry. At the same time, he is kind of like friends with this chaplain that did this, and he is also friends with the chaplain's supervisor. So he knows everybody I was talking about.

I actually had my advocate, Dorothy Mackey, call this chaplain because he upset me so much on a second phone call telling me it's my word against his word, Chaplain [J]⁹ has a 20-year record of good standing, we don't know you.

And the chaplain actually told Dorothy Mackey that why would they believe me, I have been abused as a child and I have received psychiatric care. So this is an ongoing investigation now. I was called on Friday by an investigating officer in Germany. I don't know who started that investigation because I have not gone to CID. But as far as –

MS. SLAUGHTER: What were you told, that you were being called in for another investigation? Is that what you are saying?

CAPTAIN MACHMER: This investigating officer is investigating the –

MS. SLAUGHTER: Did he tell you why?

⁹ Name redacted.

CAPTAIN MACHMER: No, and when I asked him, I said, "How am I going to know what is going on with this investigation?" He told me I will need to contact Chaplain []¹⁰, which is the chaplain that abused me, that's his supervisor. So my only –

MS. SLAUGHTER: We can assume from that that case is continuing?

CAPTAIN MACHMER: Yes, but at the same time, I can assume from that that Chaplain []¹¹, being that I went to him back in October and told him what happened and he did nothing about it, is now being forced to investigate in order to cover his side.

MS. SLAUGHTER: Do you feel the fact that you had one report and then another was held against you?

CAPTAIN MACHMER: I am sorry?

MS. SLAUGHTER: The fact that you made the first report and then not much happened there; the second time you made a report on a different incident, that that would hurt your record, that you have had two reports?

CAPTAIN MACHMER: It has definitely been challenging, because the more you report, the more they say you are making this up. I am not proud to be a victim.

MS. SLAUGHTER: I understand. Of course you are not.

CAPTAIN MACHMER: I am proud to be a survivor. There is a big difference there.

MS. SLAUGHTER: I am proud you are a survivor as well.

CAPTAIN MACHMER: Thank you.

MS. SLAUGHTER: But this is very troubling, and I don't really want to be a part – and I am sure none of my colleagues do – of just one more hearing that really doesn't come to very much here. I think the time after 10 years is really ripe for us to really make some great statements here.

¹⁰ Name redacted.

¹¹ Name redacted.

As my colleague pointed out, when we wrote the Violence Against Women Act, we insisted that the perpetrator, the accused, had to be removed immediately, and we have reduced violence by 50 percent. But certainly I think it would not be asking too much to have the military do the same thing. But we will see what we can do about that.

Thank you all very much. Do you have something you wanted to add?

MS. HANSEN: Representative Slaughter, I wanted to add to Jennifer's testimony that, regrettably, we often find that the victim finds herself facing information, sometimes accusation, that she may have been a victim of abuse prior to the incident she is reporting, potentially during her childhood or something else.

There is a significant amount of research out there that indicates that victims can be additionally vulnerable, but it is inappropriate for us to assume that it indicates anything beyond that, that they may be additionally vulnerable to such assaults.

MS. SLAUGHTER: Well, it certainly seems – and, again, I wish we had more statistics on it. Maybe we can try to find some. But from the testimony I have heard this morning, what I would gather from that is that the perpetrators can go on with their career, the victims are destroyed in many cases.

Thank you very much.

MS. CAPITO: Yes, thank you all for your testimony. I kind of hear a common thread going through this: the lack of privacy, the lack of immediate response, the lack of evidence collection, the lack of punishment. But I see in terms of the military a dynamic that we are in presently in that we have so many deployed forces. My question is more, I guess, of a practical nature in formulating a solution. Can the solutions that Scott talked about be worked into a battlefield situation, where people are moving, temporarily living in, you know, tents possibly for 3 months to 6 months?

You know, I think that the Department of Defense cannot rely on civilian solutions because – I mean, yes, the basics of them, certainly, but we are going to have to be much more aggressive and much more creative in trying to answer some of the questions, you know, even at the basic, evidence collection. What are you going to do?

But I see that, you know, with the use of computers and other things, we can – certainly I don't want a victim talking to a computer, but in terms of privacy of medical records or something like that might be useful. And I was wondering if, Ms. Blair, you might have a reaction to that if you are seeing – you know, if you imagine that it would be a two-standard kind of thing, the light force and then the base force reaction, those kinds of things.

MS. BLAIR: Well, I wouldn't want to guess about how such a thing, but I can assure you that that very issue of whether our processes and programs are appropriate for different kinds of environment is being thoroughly examined and we are indeed, as you suggested, trying to be creative and responsive in terms of looking at the different kinds of environments in which people in the military may be and assuring ourselves that they can be equally protected no matter where they are.

MS. BROWN-WAITE: Jennifer, as I listened to your story, your sad story, I remembered one of the first constituents who came to me after I got elected. It was a young lady who lives in my county who was in the Air Force. She was all of 18 when she joined. Her commanding officer believed that she was "depressed and homesick," so he actually broke the law, engaged in the practice of medicine, gave her some antidepressants, and then sexually assaulted and raped her.

When she came to me, I was a little concerned. I talked to her parents. I also checked out her in the community. She was a good student. She was a good girl. Joined the military, had this happen to her. She was discharged, given a dishonorable discharge. And I am looking

here because I e-mailed my office and asked them to just refresh my memory to make sure I was right. She was given a dishonorable discharge. The man who perpetrated this on her had to forfeit just about the same amount of money that the perpetrator in your case did.

There was a book a while ago called, "Blaming the Victim." That is my concern about what is going on in the military. We are blaming the victim.

I went and took up her case as a very personal charge. We got that changed to an honorable discharge. And she also was given a re-enlistment code that would enable her to re-enter the military. Why she would want to after that, I would never know.

You know, I am not sure that any one of us here has all of the information, so what I would ask, Ms. Blair, is if we could have a listing of the charges of sexual assault, and certainly blocking out the names, but the list of the cases since maybe January of 2000, what the final disposition was both for the victim and for the perpetrator. And I would ask if the fellow members of the panel would agree with me to make this request and make it public. I think it also would be revealing as to how long it takes to get something resolved.

Now, bear in mind that these are only the women who are brave enough to come forward. You multiply that by many, many times the number of women who said, "Why bother?" Because the word is out there, you are going to be blamed. You are the victim, you are going to be blamed, and the perpetrator is going to get a slap on the wrist.

Happily, in my constituent's case, we had it changed from a dishonorable to an honorable discharge, but she will be scarred for the rest of her life, as will every single victim. And I think until we have some numbers, at least, to look at, I think that we might be in a situation where perhaps we might be misled. So I would ask the indulgence of the other panel members here if we could have that information so that we can take a look at it, and we will make a formal request for that information.

You know, again, we as lawmakers should never be in the position of accepting excuses. There is no excuse to condone this. And if all you are doing is slapping the wrist or imposing a very minimal fine on the perpetrator, then what you are going to have is a military with people who are perpetrators and who know that they can get away with it. And that is just plain wrong. It is wrong for every woman, and it is also wrong for every man in the military.

Thank you.

MS. SOLIS: Thank you, panelists, and I want to again commend our leadership of the Women's Caucus for having this. You have greatly helped to educate this Member here about some of the realities that you have had to face, particularly you, Jennifer. And, again, I commend you for that.

Just having worked on domestic violence issues myself as a former legislator in another State, the term of "vertical prosecution," is that something that we might want to look at in terms of having to avoid going through seven attorneys who may not even be well versed on sexual assaults and DV, is to make that assignment – make something available so that you do indeed have attorneys that are sensitive, knowledgeable with the laws, and can follow through on a case, if it is 7 weeks or 2 years or whatever, someone that could actually know the victim, know what the circumstances are, and know a better sense of how to direct the case. That is something I want to throw out there, and you can probably come back.

MS. HANSEN: Congresswoman Solis, that is actually one of the recommendations we have made to the Department of Defense. In addition to that, in regards to emergency procedures or protocols, we have also made some recommendations about taking reservists who are medical personnel, discovering whether or not they have been trained as sexual assault nurse examiners, if they have that training and certification, and putting them in place as well. In addition to that, discovering if reservists or those who are active duty may have some additional

training in dealing as a rape crisis counselor, et cetera, and taking advantage of that additional education and training they have. But I think vertical prosecution is one of the significant recommendations we have made.

MS. SOLIS: One last thing I didn't hear from anyone. Because of the recent recruitment efforts in some of the immigrant communities for the military, you have a large number of Latinas that have now enlisted. And I would like to see statistics or information, if there is any appearance there of assaults against them. They have unique distinguished characteristics as well. It could be language barriers and obviously cultural barriers. And the notion of having – not just for Latinas but Asian women and other immigrant women, having interpretive services available to them as well, attorney as well as counseling services, that is something that I am working on, but I know that in the military could be even far removed from even anyone's thought about giving some support for that effort.

So I would love to have that information, and I just commend you, and I am sure we will work on legislation to provide \$10 million or more for the services that are immediately needed. So thank you again.

MS. MALONEY: I thank the bipartisan Caucus and all of the panelists.

Captain Machmer, what has happened to your alleged sexual assault rapist, Chaplain []¹²? Have they docked his pay? Have they promoted him? Have they demoted him? What has happened to your assailant?

CAPTAIN MACHMER: When the abuse happened, he was a major. He is now a lieutenant colonel.

MS. MALONEY: So he has been promoted?

CAPTAIN MACHMER: He is.

¹² Name redacted.

MS. MALONEY: He was a major when he raped you, right?

CAPTAIN MACHMER: Yes.

MS. MALONEY: And now he's a lieutenant colonel.

CAPTAIN MACHMER: The abuse stopped in September of 2002. I did not report it to his chain of command until October of 2003, being that I went to Iraq. And when I came back, I just could not deal with it anymore. And, actually, the first person I told was his wife, and his wife is fully supportive of me because she had felt very alone in her situation being married to him, knowing he is verbally and mentally abusive at home.

MS. MALONEY: Well, after you reported his abuse of you, was he promoted after that report?

CAPTAIN MACHMER: He was promoted in the time frame of 2002 and 2003, so he was already a lieutenant colonel by the time I reported it.

MS. MALONEY: And where is he now?

CAPTAIN MACHMER: He is still in Heidelberg, Germany, and like I said before, his next duty station is here in D.C. And he is now aware that I reported him, and I live here in D.C. So it is a very uncomfortable situation knowing he is going to be in this area once again, and I may have to face him.

MS. MALONEY: What your testimony shows is that if you are a woman in the military and get raped, you are discharged. If you are a man in the military and rape your colleague, you get transferred, and you just might get a promotion. And that is outrageous and it is wrong. If you are a woman and you get raped, you get discharged. And if you are a man, you just might get a promotion and a transfer.

CAPTAIN MACHMER: Right.

MS. MALONEY: I have one question to all of the panelists. If there was one thing you could do to prevent sexual assault in the military, what would be that action? Anyone? All of you?

CAPTAIN MACHMER: I would have to definitely say it starts with punishing them accordingly. Scare these other perpetrators in knowing that they will be punished. They will lose their career. They will lose everything that they have. They may lose their spouse. Their financial situation may be destroyed. Their friends may turn their backs on them. Let them feel the pain that victims have felt.

MS. MALONEY: Very good.

Would anyone else like to add to that?

MR. BERKOWITZ: I agree. Just a serious and concerted effort at prosecuting hundreds of cases. Get enough of them convicted, and I think the deterrent effect will start very quickly.

MS. MALONEY: I would just like to add one request to Ms. Brown-Waite's excellent testimony when she asked for a review. I would like to add to that request how many of the rapists, the alleged rapists, have been promoted since the accusation was placed on them.

Thank you very much.

MS. KILPATRICK: Thank you, Madam Chair. Always being last is always the best because you have the benefit of hearing from everyone else, and I want to say ditto to all of that. You have given certainly a charge to move forward as we address from supplies to training to victim rights, timely hearings, doctor-victim relationships.

I am an appropriator. I like what you said, Ms. Hansen, something we can do today. And I am going to leave here and do just that, and I want to establish immediately the Office of Victim Advocate and the \$10 million that you asked for. The defense budget is going through. It is two-thirds of the -- I am an appropriator. The Federal budget is \$2.2 trillion after you take

out Medicare, veterans, and the entitlements, 60 of us divide up \$800 billion, of which the military gets two-thirds, which means that the rest of the Government gets everything else. There is no reason why out of that \$400 billion budget we cannot find \$10 million for this advocacy office. And I am going to leave this office today, this room today and go begin working on that.

I hope you have some paper that you can give me on it, and I hope you have done some work on it. As an appropriator, we can ask for the earmark. We can put it in and do some background. I think we need to do that forthwith, starting today.

I commend all of you and all the work that you do. It is not very pleasant, but you do it, and certainly our citizens of this country need it. I am begging you today to get back with me before you leave the Hill and give me something on the Office of Victim Advocates because we have to do that.

And thank you, Madam Chair and Co-Chair, for just having this hearing. Sometimes when we talk about things and bring things to light, it is a lot better than keeping it quiet. Only a fraction – and I think you said it, Ms. Hansen, 129 and only 27 came forth. Something is very wrong with that, and it is retribution, it is punishment, it is demeaning, it is embarrassment of all of that.

As a member of the Academy Board in the Air Force and learning as I go on my learning curve, I note we have had information and been reading, over 20 percent of the military don't believe that women ought to be there. That is the problem. Over 20 percent of the enlisted men in the military don't believe that women ought to be serving, which compounds some of the things that we have been talking about this morning.

I commend you. Thank you very much, and let's get right on that advocacy office. We have got to have it. You have got to demand it, by the way, the audience who is here. Don't just

let your federal government do things. Push back. Speak out. Organize. Support one another. And certainly the women of our country, and sometimes the men, as you have all mentioned, who have had these sexual assaults and just assaults in general being placed upon them. This is the greatest country in the world, but if we don't speak up and speak out, our liberties will be lost.

Thank you very much.

MS. SLAUGHTER: Thank you all.

[Whereupon, at 11:46 a.m., the hearing was concluded.]

ADDITIONAL MEMBER STATEMENTS

Congressional Caucus for Women's Issues Members

The Honorable Tammy Baldwin

The Honorable Madeleine Z. Bordallo

The Honorable Julia Carson

The Honorable Jane Harman

The Honorable Sheila Jackson Lee

The Honorable Betty McCollum

**Statement of Congresswoman Tammy Baldwin
Women's Caucus Hearing on Sexual Assault of Women in the Military
March 31, 2004**

I join members of the Congressional Caucus for Women's Issues in expressing my shock and horror over the recent reports of sexual assault against women in the military. Sexual assault is a heinous crime that we must continue to fight, and—equally important—we must also ensure that those who are survivors of sexual assault receive adequate medical treatment and counseling.

I am appalled that women serving in the U.S. Armed Forces are reporting not only that they are being attacked, but that the military is falling short in their duty to respond to these attacks. Recent reports indicate that many women who are survivors of sexual assault are choosing to report the assaults only to civilian groups or not at all, fearing punishment, invasion of privacy, and inadequate medical treatment.

These women are being doubly victimized: first by their attackers and then by inadequate responses from the military. This is simply unacceptable. Women who are serving in the Armed Forces, working to protect our nation, deserve better.

I applaud both the Miles Foundation and the Rape, Abuse, and Incest National Network (RAINN) for providing support and services to sexual assault survivors and for bringing attention to this issue. And I wish to express my sincere appreciation to the women who have come forward to share their stories. Through your courage in coming forward, I am hopeful that we can prevent future attacks.

Also, I am pleased that the Department of Defense has undertaken an investigation into how sexual assault survivors in the military are treated, including a review of each service branch's policy on sexual assault and victim treatment. Yet, I am saddened that such a review is necessary.

It is my sincere hope that today's hearing, in conjunction with the work done by the Miles Foundation, RAINN, and the Department of Defense review, will both reduce the occurrence of sexual assaults in the military and ensure that if sexual assaults do occur, survivors are provided adequate treatment and support.

**Statement of Congresswoman Madeleine Z. Bordallo
for the
Congressional Caucus for Women's Issues
Hearing on Sexual Assault of Women in the Military
March 31, 2004**

At the close of Women's History Month, a month recognizing the contributions and achievements of women to our country, I am concerned by reports of rape and sexual assault of our women in uniform, including over 110 reported cases of sexual misconduct by military personnel in the Middle East and 92 allegations of rape reported between 2001 and 2003 to the Air Force Pacific Command (PACAF).

Lack of confidentiality, stories of retributive action taken against women who have reported their assault and lack of personnel properly trained to respond and assist victims of attack lead many to suffer in silence.

Women have proven they are capable defending our country. It is time that Congress stands to defend their pursuit of a military career without fear that they may become victims of rape or sexual assault by their fellow soldiers. What makes these cases particularly difficult is that the victims often have nowhere to turn for help within the command structure. Crimes such as rape in the armed forces are often committed where the victim is isolated and under intense pressure or removed from the support of family and friends. Without leadership support for prevention and deterrence programs, access to victim support services including mental health counselors, rape trauma specialists, and victim advocacy as well as a clear message of zero tolerance, incidents will only increase.

I want to commend General William Begert, Commander of Pacific Air Forces, for taking an active role on the issue of sexual assault among Air Force personnel under his command. He initiated a comprehensive review of sexual assault on his bases. Based on the results of the review, General Begert has taken steps to address the situation, including requiring education of personnel on prevention and response, instituting a policy for legal review of investigations and, importantly, ensuring advocacy and counseling services for victims of rape and sexual assault. General Begert's leadership on these initiatives is a very positive response to this issue. I will continue to monitor the progress of this review to ensure its recommendations have been implemented.

Finally, I want to commend the Congressional Caucus for Women's Issues for speaking out on this important issue. I especially want to thank our co-chairs, Congresswoman Louise Slaughter and Congresswoman Shelley Moore Capito for their leadership. I look forward to working together with the Caucus towards a safer military for our women. Thank you.

**Congressional Caucus for Women's Issues
Hearing on Sexual Assault of Women in the Military
Congresswoman Julia Carson
Statement**

Thank you for providing the opportunity to submit a statement on this most important and sobering issue facing women who serve in our armed forces. The subject of sexual assault and violence against women is a horrible reality that continues to plague millions in every facet of life. Together, we have raised awareness and sought to encourage and support legislation preventing abuses and violations against us.

Ironically, as we have donned our war-gear, combating sexual assault and domestic violence here at home, women are fighting on the frontlines in Iraq, Kuwait, Afghanistan and other countries. Regrettably, these soldiers are fighting two wars: The war against our adversaries and the war against sexual assault.

Voluntarily enlisting into one of the most challenging yet honorable and highly revered professions, female soldiers fight willingly and bravely for American principles. It is a dishonor and a disgrace that these same soldiers often become victims of sexual assault on the battlefield.

It is our responsibility to tackle this undignified treatment by promoting awareness of this problem and ensuring that victims have access to immediate medical care, counseling, advocate services and attorneys. Furthermore, criminal investigations must be conducted efficiently, perpetrators must be prosecuted, and victims must not fear negative consequences for coming forward.

I support the efforts of the Congressional Women's Caucus and challenge the Department of Defense Task Force on Care for Victims of Sexual Assault, to produce viable recommendations that will be implemented and will support the experiences of our women in the armed forces.

**Statement of Congresswoman Jane Harman
for the
Congressional Caucus for Women's Issues
Hearing on Sexual Assault of Women in the Military
March 31, 2004**

The Congressional Caucus on Women's Issues will hold a hearing today to examine the issue of sexual assault in the military. The hearing is an important part of the Women's Caucus' ongoing monitoring process to ensure that changes are implemented in the military to improve the services available to women in the armed services who are sexually assaulted and eliminate the culture that allows these assaults to occur.

As a member of this Caucus and co-convenor of the hearing, Congresswoman Jane Harman (CA-36) issued the following statement:

"I am deeply disturbed by the reports of women serving in the military who have been sexually assaulted and the prevalence of these assaults, particularly in combat theater in Iraq, Kuwait, and Afghanistan. Moreover, the way in which the military handled many of these cases and treated alleged victims is equally appalling. More than 59,000 female troops have been deployed overseas in the military actions in Iraq and Afghanistan and at least a dozen have perished in Iraq alone. These women who risk their lives to protect our country deserve to be treated with the same dignity and respect as their male counterparts.

This is not the first time sexual assault has plagued the military. I still recall the disgrace of Tailhook and Aberdeen Proving Ground. While serving as a member of the House Armed Services Committee, I served as co-leader of its investigation into charges of sexual misconduct at Aberdeen Proving Ground Ordnance Training Center in Maryland and Fort Leonard Wood in Missouri. Those incidents occurred at a time when the Army had in place a zero tolerance policy for sexual harassment and misconduct which turned out to be a tolerance policy.

I am deeply disappointed that several years later, the culture of the military has still not sufficiently changed. The steps that the Department of Defense (DoD) has undertaken to thoroughly investigate these assaults are welcome. I appreciate the willingness of DoD to make an honest assessment of the way in which the military handles sexual assault and the areas in which the military needs to improve its services, reporting system, and privacy for victims.

DoD's investigation, however, will not be enough. It will take dedication and vigilance on the part of DoD and the leadership of the military to implement changes that will not only improve the services available to sexual assault victims, but eliminate the culture that allows sexual assaults to occur in the first place.

It is time for the military's zero tolerance attitude towards sexual assault to become its true standard, not just empty rhetoric."

**Statement of Congresswoman Sheila Jackson Lee
for the
Congressional Caucus for Women's Issues
Hearing on Sexual Assault of Women in the Military
March 31, 2004**

Congresswoman Jackson Lee joined Congresswoman Carolyn Maloney and other members of the Congressional Caucus on Women's Issues in requesting a meeting with Secretary Donald Rumsfeld. "The problem of sexual misconduct in the military never seems to go away. The woman in most cases is held in limbo and the perpetrator goes on with his life," said Congresswoman Jackson Lee.

"I am outraged by this situation; we need a complete reformation of any system that punishes the victim. I want to know what action the Department of Defense has taken in response to the recommendations made in the reports of more than 18 investigations done since 1998," Congresswoman Jackson Lee stated. 80% of women who claim they have been sexually assaulted at the Air Force Academy did not report the incident.

"We need legal and medical protections for the victim, and a system in which they feel comfortable coming forward with information. It is my hope that my colleagues and I can talk to Secretary Rumsfeld and come to a solution," concluded Congresswoman Jackson Lee.

Congresswoman Betty McCollum
Statement - Sexual Assault of Women in Military
Congressional Women's Caucus
March 31, 2004

Thank you for allowing me the opportunity to address the issue of sexual assault in the U.S. Military. Due to a mark-up in the House International Relations Committee, I am unable to join you today. I strongly support your efforts in raising greater awareness to this issue.

I also want to thank the Women's Caucus and our distinguished group of speakers that represent a wide spectrum of knowledge and expertise on this issue. I have had the pleasure of speaking with Ms. Christine Hansen of the Miles Foundation in recent weeks and I applaud the work of the Miles Foundation to protect the victims of sexual assault in the U.S. Military and raise greater awareness to this on-going problem.

Like most Members of Congress, I was deeply troubled to learn of the many cases of sexual assault in the U.S. Military. The Pentagon's recent report of over 100 incidents of sexual assault in the Middle East over the past 14 months, followed by the Air Force's recent announcement that at least 92 incidents of rape occurred involving Air Force personnel in the Pacific, is extremely concerning. These reports indicate an unsettling trend in our military and demands greater action by the President, by the Pentagon and by Congress.

In my opinion, the Pentagon's response to sexual assault in the U.S. Military has been equally disturbing. For years, the Pentagon's reaction to sexual assault in the U.S. Military has been to issue another report or another study. In many instances, these reports and studies receive great fanfare upon release but ultimately end up sitting unattended to in a Pentagon file. Substantive actions by the Pentagon have been few and far between - a pattern I find completely unacceptable.

Unfortunately, this pattern continues today. In response to the recent reports of sexual assault of U.S. personnel in the Military, the Pentagon decided to issue *another* report on how such actions are handled. This report does not address the immediacy of the issue. It does not ensure the safety of the troops serving in the Middle East and around the world today. This report does not provide the critical assistance, counseling and accountability that our troops deserve. It's just another report, and I question whether it will lead to substantive change in the long run.

President Bush and Secretary of Defense Donald Rumsfeld must call for zero tolerance for sexual assault in the U.S. Military. Their leadership is needed with actions - not internal memorandums, sound-bites or additional reports.

I remain committed to helping address the greater problem of sexual assault in the U.S. Military and at our service academies. I look forward to working with the Women's Caucus, my colleagues in the House and all of you in these efforts.

ADDITIONAL STATEMENTS FROM INVITED WITNESSES

Beth, Major, U.S. Army Reserve

Laurie, Sergeant 1st Class, U.S. Army

Tobey, Officer, U.S. Air Force

Note: The above witnesses were also invited to speak at the hearing. Although they were unable to testify at the hearing in person, they submitted their written testimony with permission for distribution at the hearing and for inclusion within this report. They requested that their last names and other identifying information be withheld in order to respect their privacy. As indicated in the Executive Summary, the Congressional Caucus for Women's Issues has received more than 50 additional written statements from sexual assault survivors and others who have been affected by the issue of sexual assault. In order to respect the confidentiality and privacy of those witnesses, their written statements are not being included with this public report.

Statement of Beth, Survivor
Congressional Caucus for Women's Issues, March 31, 2004

I am a Major in the Army Reserve. Last year, at this time, I was at Camp Arifjan, Kuwait. I was assigned to an engineering command.

I appreciate the opportunity to present testimony to the Congressional Caucus for Women's Issues.

On March 20, 2003, I was attacked and raped in a female latrine located at Camp Arifjan. My assailant was a U. S. Army soldier. I believe he was an E5, Sergeant. That's the rank I believe I saw on his helmet.

Before the attack, I had finished what comes naturally in the bathroom when the alarm for an incoming scud sounded. I donned my chemical suit, gloves, boots, mask and helmet. I then contemplated leaving the fully enclosed bathroom to find a bunker. I decided I would be safer in the bathroom.

A few minutes into the alarm, someone knocked on the bathroom door and opened the door. The person asked if I was "ok," and I gave the thumbs up signal. The door closed.

It seemed that only a couple seconds passed when the door flew open and a soldier jumped in. The soldier appeared to be shaking. I figured he/she was scared about the alarm and tried to reassure the individual that everything would be ok. Since the person was not responding, I got up and attempted to put my hands on his/her shoulders and guide him/her to a sitting area.

When I tried to put my hands on his/her shoulders, he/she turned on me and kicked me in the groin. He/she then pushed me back towards the back of the latrine. At this time, I didn't know if the person was male or female.

We struggled and then I realized it was a male. He pulled off my protective mask and strangled me, telling me if I didn't shut up he would kill me. At this point, I laid still and figured if he was going to rape me he's have to work at it. To make a long story short, he did rape me.

I immediately sought medical treatment at the camp's Troop Medical Clinic (TMC). It was there that a rape kit was done by two female officers. During the examination, we had at least one scud alert where we had to go to MOPP Level 4.

After the examination, I went to CID to give them a statement. In my statement to CID at Camp Arifjan, I did not recall, nor do I now recall, him ever inserting his penis into my vagina. I thought he masturbated on my backside and this is what I wrote in my statement.

During the investigation, when the evidence came back, it "proved" that my attacker did in fact insert his penis into my vagina. CID came to the assumption that I lied. I DID NOT lie about my attack.

After my attack, the chaplain contacted the Stress Management Team on the base. I met with a counselor from this team, once a week for approximately two months. The counselor was deployed back home on or about 1 June 2003; my counseling sessions ended at that point.

I have seen a counselor a couple of times at the Veterans' Administration since my return to the states.

My biggest concern about this whole mess is that because I cannot identify my attacker, his DNA that was collected after the attack and his DNA on file cannot be used to identify him.

Congress needs to change the DOD law that will not allow military law enforcement to use the collected DNA to identify individuals who have committed crimes.

Another woman should not have to go through what I've been put through. If my testimony will change the law, then my experience will have been worth it. I now understand why women will not go to the authorities to report sexual assaults. The authorities make them the perpetrator rather than the victim.

I am currently a member of a theater support command. Thank you for the opportunity to share my experiences with members of Congress.

Statement of Laurie, Survivor
Congressional Caucus for Women's Issues, March 31, 2004

I am a Sergeant First Class. I was raped while deployed to Afghanistan in the Spring of 2003 by an officer serving with a Coalition partner. The base was run by coalition partners, but had a small number of Americans. I was there to support an operation.

I was not comfortable making a report while there and I was afraid of being treated differently and not being trusted to do my job.

I reported it after returning to Kandahar two weeks later. The officer from the Coalition partner was sent back to his home country during my time at the base.

My chain of command was supportive for the most part and I was lucky a female Major (I didn't work for) volunteered as an advocate for me. Unfortunately, her time left in Afghanistan was shorter than mine. There seemed to be some confusion about where to take the complaint, i.e., MP's, CID or SJA.

Prior to officially making a complaint, I had asked for a medical exam but was discouraged from having one by our Medical Officer. CID insisted I have an exam and it took about a week to coordinate the exam. The clinic was set up for mass casualties and sick call, without the privacy needed for an examination of a sexual assault. In addition, I am a medic who had been previously in charge of the clinic and that presented awkwardness in privacy. No medical tests could be conducted to test for various diseases. I was given a large amount of antibiotics instead.

I felt it was best for me to finish my deployment and continue to do my job, which my command agreed with because of my expertise. My direct supervisor seemed unsure about how to deal with my situation and sought advice from Mental Health. Mental Health had cleared me to go forward on missions again, feeling it would be good for me to keep busy. When Mental Health gave a 5% chance, I was pulled from going forward.

From that time on, I felt I was being treated different because of the rape. Some male soldiers accused me of being at fault for the rape to include making a false allegation.

The case had to be turned over to the Coalition partner for action with all evidence and statements. I have not heard the status or any action since. As far as I am concerned, the case was dropped and this Coalition officer is still running around eligible to rape again.

I had barely returned to the states when I was quickly and abruptly sent to a different unit. I was taken away from the command who knew what happened and my source of possible information on the case. I could not bring myself to explain it to another command.

I called CID and was told my case wasn't in the system so I was referred to MPI who had never handled my case. I had to explain the case to two different people on the phone then they advised me to come in. I talked to three others until I came to a lady who looked my case up in the system and verified it wasn't there. I had to explain to yet another person from MPI who called CID and after awhile found someone who remembered my case.

The Coalition partner had not made contact and had been asked to update us every 90 days, which wasn't happening. Each time I had to say, I was raped and where, it was like being raped repeatedly.

Another thing was that I hadn't been referred for further medical testing. When people are raped in the US, there are follow-ups for tests. For me to get that, I have to go on sick call, explain it to at least three different people in the process, and have the chance of being overheard by other patients. Part of the testing includes HIV testing. It feels like I was expected to not be affected by my rape after my return from deployment and dumped off to another unit, accordingly.

I believe that all problems have a solution. My recommendations are:

- We are subject to additional duties as senior NCOs, such as investigators for reports, surveys or sitting on promotion boards. There should be a list of senior NCOs who have received basic rape crisis training to act as liaison and advocate for victims. They can pair the victim with the correct agency so the victim doesn't have to continually explain and be revictimized. I have no idea whom to turn to on post for help, so I seek out my own answers. The rape crisis center provides advocates to stateside victims, but there are none for soldiers victimized on deployment.
- Though mass casualty is the greatest reason for combat zone medical resources, there needs to be plans and procedures for the sexual assault victim, without having to make it a major ordeal or coordination to arrange a private place. What are we telling the victim that is raped and immediately goes to the clinic, only to find out the exam will take coordination? In addition, there would have been no privacy in the initial visit because of the other patients waiting. Our clinic had patients waiting directly in front of the reception area. Privacy was a blanket or curtain in an open area.
- All leaders need pre-deployment training in sexual assault understanding in case it happens to one of their soldiers. This can happen to males as well as females. We have suicide prevention, hot weather injury prevention and drug and alcohol prevention as it is. We don't talk about or deal with sexual assaults.

I am a resourceful and experienced senior noncommissioned officer allowing me to have an idea of how to get information about my case. Younger soldiers will not know this. I feel that because of my rank, I am supposed to handle this better, but I am human as well. If this happened to one of my soldiers, I would find out whatever I could to help that soldier. It's me though, and it's hard to think after going through such a traumatic event and feeling tossed aside by my command. I have had a stellar military record.

What I really fear is losing the ground we as female soldiers have gained. I still worry more about being raped in the US than on deployments, including after my rape. The men that rape in combat zones are just as apt to do it stateside, probably more so. I would deploy again if told to do so and go forward to do my job, just more careful and alert the next time.

I do not expect to see accountability for my case. I believe the Coalition partner dropped and/or ignored this case, which places a rapist out there to victimize another woman. That woman could possibly be another American soldier.

Statement of Tobey, Survivor
Congressional Caucus for Women's Issues, March 31, 2004

I am an officer in the U. S. Air Force. About fourteen months ago, I was date raped by another officer.

At first, I was in shock or denial about what had occurred. I, finally, told my commander about the rape three weeks later.

Before telling my commanders, I called OSI, Office of Special Investigations, anonymously, to ask if I even had anything to come forward with. They told me that I had a case and to make a report.

I told my Colonel the next day and was taken off of my job.

Another two weeks passed, five weeks after the rape, I went in to speak to OSI. The agent quickly found out who I was when I admitted to being the anonymous caller. This agent said he spoke to another agent and since I had used one word in describing what happened, I did not have a case.

I went on to ask, "Well, what if this happened...?" This agent then stated that he did not know what happened.

Basically, the office that is supposed to investigate made up their own minds on what occurred without getting more than a snippet of information from an anonymous phone call. I was turned away.

After complaining to my Colonel, OSI's reaction quickly changed. They couldn't wait to talk to me.

Around the same time, five weeks after the rape, I went to JAG, Judge Advocate General, to see if there was anything to what I said happened. A Lieutenant Colonel at JAG agreed that a crime had been committed and wanted me to go back to OSI.

I went back to OSI to tell them what occurred. I offered them my apartment, the crime scene, and they did not want it.

I later moved, gave away furniture associated with the crime, and tried to forget.

Approximately six or seven weeks later, OSI called me into their office. They told me that the alleged offender denied anything even happened. They now, magically, wanted to look at my apartment. I didn't live there anymore. But, I had offered before. I asked them if they wanted to speak to my old neighbors. It apparently did not occur to them.

Shortly, after this meeting, OSI told me my case was closed and unfounded.

Later, about another six weeks or so, JAG called me in. The Lieutenant Colonel said he read the OSI report, there wasn't enough to go to trial, and my case was still open, but not with OSI. He went on to tell me that if he were a defense attorney, he would tell me, "I gave the offender mixed signals and that 'no' was not enough."

Well, I didn't just say "no." I also said, "I don't want to do this yet," and I tried to physically hold my underwear. This date rape occurred on the fourth date!

I contacted the victim advocate on base only to be asked if anything like this had happened to me before, because I reacted so strongly to a rape. I tried working with this advocate to get a story in the base newspaper anonymously. To this day, it has never appeared.

The Lieutenant Colonel at JAG said "quit blaming yourself." Why do I have to blame myself when the base does it for me?

I am highly critical of JAG and OSI because they are supposed to "help," not blame. They claim that they won't turn anyone away again. I cannot be certain of this, nor do I trust that it will not happen to another victim or survivor.

Currently, my offender is still on base unpunished.

I have lost my primary job in the Air Force and have to be reclassified. It took me 13 months to get through tech school and waiting for a security clearance. I got to perform my job for one year.

I am being punished for a rape. What else if the military going to take from me?

Joint Statement of Dr. David S.C. Chu, Under Secretary of
Defense for Personnel and Readiness, and
Ms. Ellen P. Embrey, Deputy Assistant Secretary of Defense
for Force Health Protection and Readiness
Before the House Armed Services
Subcommittee on Total Force
June 3, 2004

Thank you, Mr. Chairman.

As you will recall, in early February this year, the Secretary of Defense directed a review of how the Department of Defense responds to incidents of sexual assault, with particular emphasis on the care given to victims. Ellen Embrey was asked to lead this effort. She and seven other task force members completed that review within the 90 days prescribed by the Secretary of Defense.

Our testimony highlights key findings and observations from the report and addresses the actions that have already been taken, as well as our ongoing initiatives to address this important issue.

Sexual assault is a crime that has potentially devastating and long-term effects on victims and their units. Therefore, we must do everything we can to prevent sexual assaults from occurring. We must make sure that the systems of reporting, responding and investigating sexual assaults are timely, effective and sensitive to victim needs. And most important, we must ensure that the Department's leaders at all levels are committed to making necessary improvements.

In February this year, Secretary Rumsfeld was very concerned about reports of alleged sexual assaults in Kuwait and Iraq, and in response, requested a comprehensive review with a particular focus on the effectiveness of current practices, policies and guidelines, especially those in terms of caring for victims.

In the brief period of time the Task Force had to accomplish its

review, the members relied on advice from experts – they spoke with victim support organizations; they met with academia; they talked to other subject matter experts. They also spoke with experts from the Department of Veterans Affairs and the Department of Justice. And they performed an extensive literature review of sexual assault research published by respected military experts as well as civilian authorities.

Armed with that information, the Task Force focused on five areas of concern: prevention efforts; reporting mechanisms and avenues; response structures and effectiveness, especially those relating to care of victims; command disposition efforts, and accountability for making the elements of response work together.

With the full support of the Military Departments and the Combatant Commands, the Task Force conducted focus group sessions at 21 locations. At each site, the Task Force held 12 focus group sessions. Participants included male and female service members at all ranks, and military and civilian service providers such as medical, mental health, legal, investigative, law enforcement, chaplains, social

workers and advocates. Two sessions at each site were set aside for one-on-one discussions with victims who wished to come forward to talk to us. Through these focus group sessions, Task Force members were able to get viewpoints from more than 1,300 individuals on how well the current programs and policies were meeting our sexual assault prevention, response, reporting and disposition needs.

The department provided victims three ways to provide their input to the review. A national hotline was established that victims could use to contact Task Force members anonymously, or, if they wanted to, to provide their name and information that would inform the Task Force. Through that mechanism, the Task Force heard from 73 victims or their family members.

At each site visited, the Task Force also offered to meet in person with any victim wishing to come forward. Several took up that opportunity. Also at those sites, through the support of the site visited, phones were made available so that people could call the Task Force when they were on site.

The Task Force identified 35 findings. These findings can be broadly characterized as follows:

First, they found that with few exceptions, the current policies and programs in place within the department primarily address sexual harassment and do not sufficiently address sexual assault. And there seemed to be some confusion among the population about what are the behavioral differences between sexual harassment and sexual assault.

They also found that people with several different kinds of expertise are important to the success of supporting sexual assault incidents – commanders, legal personnel, law enforcement, investigators, mental and medical health professionals, chaplains and social workers and victim advocates. Generally speaking, the Task Force members found that experts of this type were not functioning as a team to provide needed support to victims. And as a result, many times victims had to find out where to go, and then take the initiative

to go from place to place to place to get the help they needed.

The Task Force found that commanders, were concerned, but were often not sufficiently educated, trained or sensitive to all the needs of sexual assault victims. Successfully handling a sexual assault case is a demanding challenge for any command leadership. We need to provide better tools, guidelines, and training for them to be more effective in handling this crisis and taking care of their troops.

With respect to victim support, the Task Force found that victim advocates, currently available in the Navy and the Marine Corps, do make a difference in being responsive to the victims' needs. We are looking at expanding their role in the department. And research shows that this will make a significant difference in victim care, support, and recovery.

The Task Force also found that commanders were committed in holding offenders accountable and they were often frustrated by factors that limited their ability to take action. Examples

might include: victim chooses not to cooperate with investigators; insufficient evidence primarily due to late reporting; the evidence doesn't necessarily support the allegation, often due to a misunderstanding of what sexual assault is; or the victim recants. Under these circumstances, many commanders do what they can to take action on lesser but included offenses to ensure that offenders are held accountable in some way. Often the perception is that that is all they have done. And so therefore, we need to find a way, a much better way, to bring transparency to the UCMJ system and show why commanders take the actions they do in these cases, without unduly violating the rights and privacy of those involved.

Based on the 35 findings, the Task Force made nine broad recommendations. The first four recommendations were suggested for immediate action. The first recommendation was to establish a single point of accountability for all sexual assault matters DoD-wide within the Office of the Undersecretary of Defense for Personnel and Readiness.

The second recommendation was to put this matter on the agenda at a recently held combatant commanders' conference to discuss how the Task Force's recommendations apply to their environments and the way ahead in making needed improvements.

The third immediate recommendation suggested that we leverage department-wide communication networks to increase sexual assault awareness and get training and education material on prevention and response out to the force at all locations. This same network would be used to disseminate new policies, guidelines and command tools as they are developed.

The fourth immediate recommendation suggests convening a summit within the next three months, involving senior military and civilian leaders within the Department of Defense, as well as outside experts on sexual assault. The goal of that summit would be to develop, at a minimum, courses of action to resolve the following five important issues that need Department-wide buy-in to effect real change:

- Define sexual assault. Resolve the confusion over terms, behaviors and legal definitions.
- Address privacy and confidentiality needs of victims.
- Increase visibility on why reported cases of sexual assault are resolved the way in which they are.
- Develop a sexual assault response capability for deployment to remote U.S., overseas and combat locations.
- Develop templates and sample agreements to help combatant commanders enhance their ability to hold non-U.S. citizen offenders accountable for their sexual assaults on U.S. service members.

The Task Force recommended four near-term actions, intended to be addressed within the next 3 to 6 months, which included developing needed DOD-wide policies, guidelines and standards for sexual assault prevention, response and accountability; establishing a federal advisory council of senior level representatives from the Departments of Veterans Affairs, Justice and Defense; ensuring fiscal and manpower resources are identified and made available to

support needed improvements – especially in the current and upcoming fiscal year; and improving data collection through Services' accelerated implementation of the Defense Incident-Based Reporting System measures.

The very last recommendation, is a longer-term recommendation, and if accepted, would establish a framework for assuring that the new policies and programs that are being put into place will remain effective and will be efficient. This would be accomplished through periodic expert internal and external reviews, the development and execution of an annual research agenda, the implementation of quality improvement practices, and the development of oversight tools designed to track performance outcomes.

To accomplish these recommendations short- and long-term, we will need to ensure institutional change – in all Services, at all ranks. For this reason, on the day he received the report, the Secretary, in turn, sent a memo to each combatant commander and requested immediate action. In the memo, he requested that each commander

meet with each of his direct report commanders and address three questions:

- Are victims within your command comfortable in coming forward?
- Are appropriate support, care, and protection mechanisms in place and are they effective?
- What are you doing to identify, remove, and encourage the prosecuting of those responsible for this violence?

Following that discussion, the Secretary asked that each subsequent commander and senior enlisted advisor meet with their subordinate leaders and ask the same questions. And he cautioned them to approach this process with an open mind without the presumption that the answer to the questions would be "yes."

In the course of the Task Force's review, commanders and leaders involved indicated strong commitment to do the right thing and a willingness to support the changes that would make a difference in this area. Significantly, the Combatant commanders, at their recent conference, reinforced this position and strongly indicated their

leadership commitment to make needed improvements. Further, their discussion indicated an understanding of the complexity of the issues involved and the need for the recommended summit to ensure that – individually and as an institution – we take consistent and appropriate actions throughout the Department.

We know that success in this important endeavor will require support from the military Services. We are fortunate that concurrent with the Task Force activities, the Army and Air Force also conducted internal reviews of their respective Service programs, policies and implementation. Their conclusions are similar to that of the Task Force. Today, leadership in all the Military Departments are committed to work together to implement meaningful DoD-wide change. This will start with the Services' commitment to accelerate full implementation of the Defense Incident-Based Reporting System.

We are proceeding with efforts to establish a focal point of accountability for DoD-wide sexual assault matters within my office. We are also currently engaged in efforts to establish the recommended Armed Forces Advisory Council, composed of senior

representatives from the Departments of Justice, Veterans Affairs, and Health and Human Services, as well as executive-level representatives from the Military Departments, the Joint Staff and the Office of the Secretary of Defense.

Efforts to plan the recommended summit have just begun, not only to address the issues identified, but also to begin partnering with other Federal institutions in offender research, and exploring application of a public health model for sexual assault prevention and response.

While we have much work ahead, we would like to note that the task force did find places of excellence within the Department, and that these efforts are highlighted in the report. We now have to build on those efforts.

Sexual assaults are a challenge to our nation, and the U.S. military is not immune to this challenge.

We hope that this report will help you realize, as we have, the extraordinary benefit of prevention. We can and should improve our

systems of response should sexual assault occur, but once it occurs, a tragedy has happened and people are damaged. Many, if not most, of these victims leave the service as a result of these incidents, and that loses us highly trained, motivated individuals, and that is indeed a loss to the nation. And so, over the longer term, the Department will remain focused on how to preclude such incidents from happening in the first place.

We in the Department of Defense take this issue very seriously and accept responsibility for implementing change—now and for the long-term.

Mr. Chairman, we thank you.

STATEMENT OF

HONORABLE REGINALD J. BROWN
ASSISTANT SECRETARY FOR MANPOWER & RESERVE AFFAIRS

BEFORE THE

HOUSE ARMED SERVICES COMMITTEE
TOTAL FORCE SUBCOMMITTEE

ON

"SEXUAL ASSAULT PREVENTION AND RESPONSE IN THE ARMED FORCES"

JUNE 3, 2004

Congressman McHugh and distinguished members of the Committee, on behalf of the men and women of the United States Army, I appreciate the opportunity to appear before you today to address the findings and recommendations of the Army Sexual Assault Task Force and the Army's commitment to support victims of sexual assault. The Army is committed to taking care of Soldiers. Sexual Assault is a criminal offense that has no place in our Army. It degrades our mission readiness by devastating our ability to work effectively as a team and is incompatible with the values we teach our Soldiers and demand of our leaders. Discipline, morale, and values have always been the foundation upon which our Army units build and maintain readiness. The Committee can be certain that it is Army policy to take every allegation of sexual assault seriously and thoroughly investigate all such allegations.

On February 6, 2004, the Acting Secretary of the Army directed the establishment of a task force with an aggressive timeline, to accomplish the following tasks:

- Conduct a detailed review of the effectiveness of the Army's policies on reporting and addressing allegations of sexual assault
- Review the current processes to ensure a climate in which victims feel free to report allegations and in which leaders understand their responsibilities to support victims and to investigate allegations
- Recommend changes or additions to current policies, programs, and procedures to provide clear guidance for reporting and addressing sexual assault allegations and protocols for victim support.

The Task Force brought together a multidisciplinary team of military and civilian professionals with extensive experience from 14 organizations across the Department of the Army. With the assistance of contract statisticians, analysts, and other experts, the Task Force assessed current Army policies, programs, and procedures and examined available data pertaining to investigations, disposition of offenses, victim services and command climate. This assessment included a review of sexual assault reporting procedures. The Task Force examined the Army functional organizations that deal with sexual assault, including those concerned with law enforcement/criminal investigation, legal, medical, chaplain, training and family advocacy matters. The Task Force's recommendations are broad based and cover Army policies, programs and procedures, unit and institutional training, and command climate.

Additionally, my staff worked closely with Ms. Ellen Embrey and the DoD Task Force on Care for Victims of Sexual Assault. We provided two military officers who served on that Task Force as they examined current programs and assessed how to best tackle sexual assault and how to address the needs of the victims within DoD. The Task Force discovered that sexual assaults are a challenge to military as well as the civilian community. I commend Ms. Embrey and the members of the Task Force for producing such a sensitive and comprehensive report in such a short time period.

The Army Task Force's findings centered on five key areas: 1) policy, program proponent, and integration; 2) education, prevention, training, communication, and command climate; 3) incident response, investigation, and action taken; 4) victim

services; 5) data collection, reporting, evaluation, and program improvement. The findings include the following:

1. The Army's sexual assault prevention and response policies and programs are not integrated among supporting organizations. The Surgeon General, Provost Marshal General (PMG), The Judge Advocate General, and Criminal Investigation Division, (CID) have policies and programs in place that address reporting, investigation, victim support, and data collection related to sexual assault cases that come to the attention of the chain of command, the military police (MP), or CID. However, the Army lacks an overarching policy that identifies a proponent or a clear set of responsibilities directing the various organizations involved to coordinate with each other. Without an integrated program and an overarching policy, the Army does not have a clear picture of sexual assault issues, which results in a fragmented rather than an integrated approach to handling sexual assault.

2. Privileged and confidential avenues of communication exist; however, they are not widely recognized throughout the Army as a confidential avenue for victims of sexual assault. Media reports and victim advocate organizations have expressed concerns that some victims are reluctant to report allegations of sexual assault to their chain of command and that there is a lack of confidential reporting mechanisms available for Soldiers seeking assistance and guidance. The Task Force found that there were several confidential avenues of communication that Soldiers could use to seek assistance and guidance without informing their chain of command, i.e., military chaplains, legal assistance attorneys, psychotherapists, and the Army's One Source Program. The Task Force concluded that existing confidential avenues of communication are adequate, but they need to be well known to ensure victims are aware they exist. Awareness of such confidential avenues of communication would help victims who are reluctant to report an allegation to find pre-report confidential advice and assistance.

3. Current human relations training programs do include prevention of sexual harassment but only address sexual assault prevention and response to a minor extent. Training related to sexual assault is taught only in Initial Entry Training, Drill Sergeant School, and the Senior Officer Legal Orientation Course. Required "Prevention of Sexual Harassment" training and other human relations classes do not cover sexual assault prevention.

4. Response and action taken when a sexual assault is reported vary among commanders. Army regulations require that all serious crimes be reported to CID. Although CID receives reports on incidents of rape and forcible sodomy, less severe forms of indecent assaults are often investigated only at the unit level and not always reported. The Task Force, through the Staff Judge Advocates in the CENTCOM Theater of Operations, went to all commanders to determine whether all reported incidents of sexual assault had been dealt with in accordance with existing rules and regulations. The Task Force was able to determine that commanders took action but did not always report the offenses to the MP or CID, nor did they complete the Commander's Report of Disciplinary or Administrative Action (DA Form 4833). Even in those cases reported to CID, the Task Force found that commanders sometimes failed to thoroughly complete DA Form 4833. Because of the failure to report the disposition of cases or to thoroughly complete DA Form 4833, PMG and CID do not have complete information in their

databases. This in turn, may contribute to an impression of a commander's "... indifference to sexual assaults."

5. Timing of actions taken against victims for minor offenses related to a sexual assault can have a negative impact on victim reporting; also, the review of the United States Military Academy sexual assault prevention and response program indicated that the possibility of adverse action against sexual assault victims for acts such as fraternization, underage drinking, or drunk and disorderly conduct may adversely impact victims' decisions to report sexual assault. If a sexual assault is reported and action is taken against the victim for the minor misconduct *before* action is taken against the alleged perpetrator of the sexual assault, a victim may feel unfairly treated by the criminal justice system. Perception of such unfair treatment can adversely affect future victims'

6. A backlog of DNA evidence is waiting for processing at the United States Army Criminal Investigation Laboratory (USACIL). The USACIL is the only laboratory authorized to conduct DNA forensic testing for the DoD. The demand for DNA testing in a wide variety of criminal, operational, and administrative cases has more than doubled in the last 4 years and is expected to continue to increase. Current laboratory resources are not sufficient to meet increased demand.

7. Commanders have multiple options to protect victims, and each situation requires consideration of its own specific facts and circumstances. Existing legal options include pretrial confinement or restriction and a Military Protective Order (MPO) of the alleged perpetrator, and relocation or reassignment of the alleged perpetrator or victim. Temporary relocation of the victim or alleged perpetrator lowers the chances of incidental contact prior to resolution of the case.

8. The Army lacks an integrated, synergistic approach for delivering support and services to sexual assault victims. Despite the availability of services for victims in garrison and deployed environments, no single entity integrates these services. The Army needs a proponent to act on behalf of the chain of command and the victim to ensure that appropriate services are offered and provided, and that necessary follow-up is conducted for the victim and the program.

9. The Army lacks an integrated approach for collecting, analyzing, and evaluating sexual assault cases. The Army lacks a centralized system to document all relevant data regarding sexual assault cases, including care provided to the victim, resolution of the investigation, and any disciplinary action. The Task Force realizes that important information that could provide greater understanding about how well the Army sexual assault prevention and response policies and procedures are working is not being collected. Currently all available Army data on sexual assaults, victims, and alleged perpetrators reside in disparate systems across several Army organizations. This decentralization makes it difficult to follow victims, alleged perpetrators, and cases between services, components, and organizations. The Army does not possess a full set of assessment tools to ascertain sexual assault rates, reporting rates, and victims' perceptions of their treatment and the support services available to them. Although some useful data on sexual assault are collected, there is no Army-wide, standard set of metrics and procedures to track cases, evaluate programs and services, or to account for those victims who do not report.

After weeks of research and compilation of data the Task Force presented the following summarized recommendations to the Acting Secretary of the Army:

- Create a policy focused on education, prevention, integrated victim support, thorough investigation, appropriate action, timely reporting, follow-up, and feedback.
- Create sustained, comprehensive, progressive, and sequential training that integrates sexual assault topics into all leadership, Army values, and human relations training.
- Establish a program structure to provide support to sexual assault victims through Victim Advocates and Victim Advocate Coordinators.
- Establish a structured system for documentation, quarterly assessment, reporting, and program improvement at the installation, major command, and Headquarters, Department of the Army (HQDA), levels.

In conclusion, I would like to emphasize, that the report delivered to the Acting Secretary of the Army represents comprehensive review of the Army's policies, programs, and procedures as they pertain to prevention, response, and care for victims of sexual assault. The findings reinforce the belief that the proactive involvement by leaders at all levels is the key to successfully addressing sexual assault in the Army. The recommendations are important first steps toward increasing the awareness and prevention of sexual assault, improving the command climate in which Soldiers feel safe to report assaults, and ensuring that victims receive appropriate care and support. Once again, thank you for the opportunity to appear before you today and I look forward to answering your questions.

STATEMENT OF

THE HONORABLE

WILLIAM A. NAVAS, JR.

ASSISTANT SECRETARY OF THE NAVY

(MANPOWER AND RESERVE AFFAIRS)

BEFORE THE

HOUSE ARMED SERVICES COMMITTEE

ON

SEXUAL ASSAULTS IN THE MILITARY

JUNE 3, 2004

Mr. Chairman, distinguished members of this subcommittee, thank you for the opportunity to appear before you today on behalf of the outstanding men and women of our Navy and Marine Corps team. I would like to thank the members of this committee and the entire Congress for the strong support you have continuously provided to our Nation's military forces. Now more than ever, our nation relies heavily upon our service members to protect and defend our interests domestically as well as internationally. Since the attacks of September 11th, we have asked increasingly more of our military personnel, and they have risen to the challenge with honor, courage and commitment time and time again. We also expect our active, reserve and civilian personnel to hold themselves to a higher standard as they often represent the United States as ambassadors to other nations. And it is because of this higher standard and the responsibility that we levy upon our personnel that social ills such as sexual assault must be dealt with effectively within our ranks.

Department of the Navy Policy of Zero Tolerance

The Secretary of the Navy has made it very clear that there is zero tolerance for sexual assault in the Department of the Navy. Whenever a sexual assault occurs, we act immediately to handle the specific case—taking care of the victim, conducting a full and fair investigation, and taking prompt remedial action. An analogy can be drawn to a manufacturing defect. In order to address the “defect” of sexual assault, we must have effective quality assurance and quality controls in place to analyze why this “defect” in our process and systems occurred in the first place. Was the defect due to a lack of training or knowledge of how to deal with the situation, a lack of leadership, and/or a lack of intervention? Could this defect have been prevented?

The question before us is, can we put effective quality assurance processes in place in the military? Sure we can. However, unlike the manufacturing process, we are not dealing with machines here, but with human beings – Sailors and Marines – who are voluntarily serving their country. The military has both a cultural advantage and a cultural disadvantage in the context of dealing with sexual assault.

On the one hand, we have our unique military culture, which is different from the “civilian” culture. The military tries to instill in our service members the highest level of values, ethics and commitment. We work hard to raise the “value bar” to a level well above what you might find in the civilian world, and we are proud to say that we generally succeed in doing that. That pride spills over to our young people. This unique military culture is a big plus for us as we grow our young recruits into fine service members who are proud to serve their country and do the right thing.

On the other hand, however, we necessarily must recruit very young Sailors and Marines who are like any other young adults—they are more likely to engage in high-risk behaviors due to their youth and generational mores. By the very nature of our work, which includes hazardous duty, rotating deployments, and expeditionary forces, our Sailors and Marines live in close proximity to one another, often working, sleeping, eating and relaxing together 24-hours a day. This proximity, coupled with the youthful age of the force, sometimes leads to behavior we do not value or condone within the Department of the Navy.

Hence, the setting of clear and proper standards, and establishing a positive service culture to prevent sexual misconduct, requires leadership from the highest levels. Prevention, education, and intervention systems need to be embraced by all, as we strive to ensure that our Sailors and Marines understand the potential risks and actively engage in preventive measures. To confront the issue of sexual assault effectively we need to install a series of checks and balances. We need to create an atmosphere where assaults, if they happen at all, happen very rarely, and where victims' needs are considered paramount yet properly balanced with due process and other fundamental principles.

The old cliché that an organization is only as strong as its weakest link is apropos in the context of sexual assault. Intolerable behavior such as sexual assault, even when performed by a small minority, weakens the organization's morale, esprit de corps, and cohesiveness, and ultimately puts lives at risk especially in combat zones where service members rely on one another for security and safety. As with any aberrant behavior, however, the actions of a few can paint the entire institution as lacking in good order and discipline. Unfortunately, media accounts sometimes serve to sensationalize isolated incidents of misconduct and depict our service members in uniform as predators when, in actuality, only a very small number have perpetrated an assault. The vast majority of Sailors and Marines are law-abiding and zealously respect one another. Statistically, sexual assault is a rare aberration in the Navy and Marine Corps, but even one sexual assault is too many.

Sexual assault violates both our core values and fundamental standards of good order and discipline. The vast majority of our military personnel wholly accepts and personally lives by our core values of honor, courage and commitment; and they count on their leadership to enforce good order and discipline for the welfare of all. We owe it to our Sailors and Marines – who literally put their lives in one another's hands – not to compromise these basic values and standards.

A Focus on Continual Improvement

The Department of the Navy has strong sexual assault prevention and victim advocate programs in place, but there is always room for improvement. We are committed to ensuring that we do all we can to prevent assaults and, in the rare cases when prevention fails, that we take care of our service members who are faced with the aftermath of such horrific crimes. It is everyone's responsibility to ensure that victims are treated with dignity and respect, that high quality care is provided to the victims, and that resolution of the legal issues is accomplished as swiftly as possible. All levels within the respective commands must internalize these goals.

In light of the recent reports of sexual assault crimes, the results of the Fowler Panel review of allegations of misconduct at the U.S. Air Force Academy, and the Secretary of Defense-directed review of the treatment and care of victims of sexual assault, the Department of the Navy has focused on finding ways to improve our existing programs. Surveys, case reviews and monthly data reports identifying trends suggest that we are heading in the right direction. Our overall DoN Sexual Assault Victim Intervention (SAVI) program is the heart and soul of our ability to properly respond to sexual assault; and while it is not perfect, it does focus on victim advocacy and intervention, two of the keystones in successfully dealing with sexual assault.

The Department of the Navy has impressive proactive programs in place to address sexual assault. The Secretary of the Navy promulgated an Instruction in 1996 that establishes basic standards and requirements for sexual assault prevention programs in the Department of the Navy. Each of our two Services then developed programs based on those general requirements, but adapted to each Service's specific needs. I would like to take a few moments to highlight the Navy's Sexual Assault Victim Intervention (SAVI) program and the Marine Corps' Victim Advocate Program.

SAVI in the Fleet

The Navy's SAVI program is a dedicated and resourced sexual assault program unique within DoD. The goal of the SAVI program is to provide a comprehensive, standardized, gender-neutral, victim-sensitive system to first, prevent, and second, respond to sexual assault throughout the Navy. The SAVI program requires commanders to develop a responsive sexual assault victim advocate program. The program epitomizes the coordinated community response in that it provides a series of overlapping protocols between key responders that ultimately increases the effectiveness of all responders.

The program operates at both the installation and command level, which is essential for success given the Navy's operational tempo and mission. Maximizing victim privacy is paramount within the SAVI Program. Deploying/afloat commands are encouraged to have trained military advocates aboard to respond to sexual assaults that occur away from Navy installation resources. In other words, we take our SAVI services with us. Over 300 deploying commands had trained advocates aboard this year.

Anecdotally, our active-duty advocates often become the most vocal supporters of SAVI. Increasing the general awareness and command leadership support of SAVI requires ongoing efforts, due largely to leadership rotation and accession, but is critical to program success. SAVI functions most effectively in commands where strong zero tolerance messages are communicated from the top down, there is leadership by example, and there are clear expectations with regard to compliance with Navy standards of conduct and SAVI requirements.

Compliance with SAVI requirements is integrated with command responsibility at the command officer level, with program execution and compliance assured through our 67 Fleet and Family Support Centers worldwide. These centers provide training and support of command SAVI Points of Contact and assist with periodic assessment of SAVI requirements by the Navy Inspector General, component commanders, unit senior commanders and commanding officers.

There is a steady focus within the Navy on sexual assault awareness and prevention education. Leadership is engaged. Training on SAVI and general sexual assault awareness occurs at every initial accession point for both officers and enlisted and through our leadership continuum of schools. More importantly, training of these unit leaders is not a one-time affair; it is provided multiple times throughout a career. Sexual assault training is also required for all-hands annually and is taught during General Military Training.

Individual commands play a key role in the success of the SAVI program. In addition to annual mandatory training for all-hands, every command is required to publicize a means by which individuals can report situations or circumstances where they perceive they may be at risk of sexual assault. Commands are required to report any alleged sexual assault involving Navy personnel to the Naval Criminal Investigative Service (NCIS) and forward a unit Situation Report for all alleged sexual assaults involving active duty or family members, or occurring on Navy property. Command data collection coordinators are responsible for collecting required information from involved third parties, minimizing revictimization, and forwarding information in initial and monthly continuation reports until a final disposition of the incident is reported.

We are also working to improve web access to SAVI information. The website provides information and resources to those executing the SAVI program as well as victims reaching out for information. Considering the nature of this crime, we expect that the anonymity of the Internet will help encourage victims to educate themselves on our program and then, hopefully, to report the crime. In the future, it may also serve as a vehicle for anonymous surveys and other initiatives requiring survey-type data.

The Navy is also aggressively pursuing improving communications with the Fleet. The Vice Chief of Naval Operations released a recent message to Commanders, and NCIS outlining guidance in addressing sexual misconduct. Commanders are required to report sexual assault incidents within 24 hours, and ensure complete investigations of allegations and full accountability of those found in violation of standards of conduct and the UCMJ. Additionally, the Chief of Naval Personnel has instituted an internal monthly review of sexual assault data to further identify trends and address corrective action early.

Is the SAVI program perfect? No. Ensuring sexual assault awareness, victim sensitivity and full utilization of the SAVI Program by Navy active duty, family members and all levels of command requires an ongoing, concerted effort. We want to better understand our many systems of reporting and tracking of statistics. Increasing the frequency and expanding the sampling populations of surveys, instituting periodic data reviews with follow-up action, and improving the quality of preventive training and tie-ins with casual factors like alcohol, are additional initiatives we are undertaking. We must always stay focused on prevention, victims' needs and holding responsible parties accountable.

Trends

Navy is committed to improving our efforts in preventing sexual assault. In doing so, we rely on inputs from subject matter experts, from commanders and commanding officers, from fleet units, shore commands and a review of data to improve our program. We have less data than we would like; we wish we had known ten or fifteen years ago the questions we want answers for now. And we know from surveys inside and outside the Navy that a significant number of sexual assaults are not reported. We continue to work on improving data collection and drawing trends from the data we do have, so that we can better understand the causes and cures for these problems.

As these surveys and case reviews indicate, we are trending in the right direction based on caseload. But we are not out of the woods, nor will this issue ever disappear, especially as we

bring in thousands of new personnel every year, many of them in our most vulnerable age group. While sexual assault is not confined to the junior ranks, in comparing Navy and civilian data, both suggest that there is a increased risk of sexual assault among young members, between acquaintances, and in association with substance abuse, particularly alcohol. Alcohol is a contributing factor in at least 50 percent of sexual assault incidents. Sexual assault prevention information has been included in all Navy Drug and Alcohol Program initiatives. Additionally, 44 percent of sexual assaults occurred in living quarters on military installations. When cases did not occur in areas under military control, 79 percent of DoN cases still occurred in living quarters. This is consistent with a national survey of college women (Fisher, Cullen and Turner 2000), which shows almost all of the completed rapes of college women occurred on campus, in living quarters. In light of our demographics and the seriousness of sexual assault, constant vigilance is required

Marine Corps Victim Advocate Program

The Marine Corps is also proactively addressing the issue of sexual assault. Marines who are victims of sexual assault can report the incident to their command or to the local military police. There are procedures in place to support and assist the victim, conduct full and fair investigations, and hold offenders accountable. The Marine Corps allows Provost Marshals, Victim Advocates, Commanders, and Family Advocacy Program managers to begin the process of addressing the alleged sexual misconduct and provide reports to Headquarters Marine Corps as appropriate, based on the severity of the case. The command and the Victim Advocate work together until final resolution of incident and beyond if additional counseling is required.

The Marine Corps' Victim Advocate Program provides victim advocates 24 hours a day, 365 days a year to provide guidance and support to survivors of domestic violence and sexual assault. The Marine Corps has 31 federally employed or contract Victim Advocates, and 125 trained volunteers. These advocates assist victims in receiving the services they need as they face the impact of the results of sexual assault. They intervene in response to reported incidents of domestic violence or sexual assault by providing crisis intervention and referral to military and civilian resources; assisting in safety planning and referral to civilian shelters; providing assistance in applying for civilian protection orders; and accompanying the victim to medical exams and court appearances. In short, victim advocates actively assist survivors in obtaining what they need and may be eligible for within the USMC and civilian sectors.

The Marine Corps ensures that deployed commanders in combat theaters have investigative, medical, mental health, religious and legal services available. Selected individuals serving with surgical companies and acting as Victim Advocates are available to a sexual assault victim in theater, just as they are in local medical treatment facilities stateside.

The Marine Corps is in the process of finalizing a new Marine Corps Order 1752.5, "Sexual Assault Prevention and Response Programs." This order provides clear policy and guidance to Commanders, individual Marines, and supporting establishments on sexual assault prevention and awareness training; the specific needs of sexual assault victims; required reporting procedures; and mandatory, standardized sexual assault victim assistance including procedures to protect the victim's privacy. The Order also directs establishment of a Sexual Assault Prevention and Response Office (SAPRO) to provide oversight and staff cognizance of all

Marine Corps policies and programs on sexual assault prevention, training, and reporting to include a tracking database, and support to victims of sexual assault. This office will have overarching responsibilities for coordinating and directing sexual assault programs throughout the Joint community, Headquarters Marine Corps, Combatant Commands, and Marine Reserve Forces. The SAPRO will coordinate prevention and awareness training and consistency of victim support and advocacy to ensure that medical services, law enforcement, and legal and command representatives avoid revictimizing and protect the victim's safety and privacy.

Finally, the Marine Corps' unique initiative, the "Mentors in Violence Prevention" (MVP) Program, is a proactive approach to addressing violence, sexual assault and harassment against women. The program, which focuses on men assuming responsibility for preventing violence against women, was developed at Northeastern University using athletes as mentors for young college and high school students. MVP training, which is conducted for senior Marines, is an interactive two-day package designed to prepare the trainees to train their younger Marines. The program stresses men taking responsibility for preventing violence against women and not being bystanders. MVP training is available through all training avenues. The Marine Corps has successfully adapted the components of the program to the Marine Corps culture so that men who are Marines understand that being a Marine means adhering to a high standard of conduct.

SAVI Program at the United States Naval Academy

In response to the Fowler Report recommendations—which favorably reviewed our policies at the United States Naval Academy (USNA)—the Secretary of the Navy has established an Executive Steering Group composed of Department of the Navy Secretariat officials, the Vice Chief of Naval Operations, and senior Marine Corps officers to provide oversight of Naval Academy issues, to include sexual assault.

The USNA addresses sexual assault by providing a unique SAVI Guide Program, involving midshipmen as peer resources. These Midshipmen receive the same training as the SAVI Advocates, but they are not assigned to specific cases as advocates. They serve as first points of contacts, educators, and a constant presence in the Brigade. They refer midshipmen to other support and legal resources.

Additionally, since the fear of disciplinary action appears to be one of the biggest obstacles to reporting, USNA has developed a procedure to address conduct deficiencies of the complainant through mentorship and leadership. This is accomplished through the assignment of a senior same-gender officer (O-5 or O-6), who serves as a mentor to the midshipman, and addresses the misconduct issues, such as underage drinking, fraternization, and consensual sexual misconduct, from a leadership perspective. Education and training are also incorporated into the curriculum, and focus groups provide a unique feedback loop involving midshipmen from all four classes. This approach has proven to be an excellent means of finding out what the midshipmen are perceiving and experiencing at the deck plate level.

Consolidated Law Enforcement Operations Center Database

The Navy and Marine Corps' implementation of the Consolidated Law Enforcement Operations Center (CLEOC) will provide us the ability to capture and report data from law enforcement, commands, and Staff Judge Advocates. Currently, data from law enforcement and investigations

can be collected. Full implementation in the future will allow us to capture and standardize incident information to align NCIS and SAVI databases, as well as conduct meaningful crime trend analysis.

DNA Evidence

The DoD Task Force on Care for Victims of Sexual Assault addressed the issue of the backlog of DNA evidence for forensic evidence in military sexual assault cases. All of the Services are also looking at this issue. The backlog of DNA evidence waiting for processing can cause hardship to sexual assault victims who must wait for test results and command decisions with respect to dispositions of alleged offenses. In the Department of the Navy, NCIS is considering several options to modernize the Regional Forensic Laboratories to improve DNA testing capabilities and turn around times.

DoD Task Force on Care for Victims of Sexual Assault

My office has worked closely with Ms. Ellen Embrey and the DoD Task Force on Care for Victims of Sexual Assault as they have examined current programs and assessed how best to tackle this issue and address the needs of victims. As the Task Force noted, sexual assaults are a challenge to the nation, but especially to the military. I commend Ms. Embrey and the members of the Task Force for producing, in such a short period of time, an enlightening and useful report covering a wide range of difficult issues. However, I consider it important to state specific concerns related to some of the recommendations.

The Services have active Flag-level oversight of sexual assault policies and programs, as well as having oversight of a broad range of military personnel policies and programs correlated with sexual assault issues. Examples include drug and alcohol abuse prevention, sexual harassment and misconduct prevention and core values training. They also work closely with the military staffs on matters of operational readiness, which also pertains to effective sexual assault prevention and prosecution.

I welcome the Task Force's recommendation to convene a summit of DoD leaders (military and civilian) and recognized experts on sexual assault, to develop strategic courses of action on these critical, unresolved issues. Thereafter, a more informed decision can be made regarding the need for the establishment of a permanent DoD Armed Forces Sexual Assault Advisory Council.

The Department of the Navy greatly appreciates the Task Force's extraordinary efforts and their commitment to the safety and welfare of our service men and women. It is my hope that our common desire to ensure the safety and well being of all our service members will guide future collaboration on these issues.

In closing, this Committee's strong commitment to our service members continues to have a positive impact on their well-being. As we endeavor to aggressively address the issue of sexual assault, the challenges remain, but the potential for success drives us forward in our quest to provide the best environment possible for our personnel as they continue to bravely fight for the freedoms we all enjoy. These men and women deserve nothing less than our total commitment. Thank you for your continuing support.



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Statement by:

Scott Berkowitz

President & Founder, RAINN

June 3, 2004

Good morning, and thank you to the members of the House Armed Services Committee's Subcommittee on Total Force for inviting me to join you today.

My name is Scott Berkowitz and I am the founder and president of the Rape, Abuse & Incest National Network, or RAINN. RAINN is the nation's largest anti-sexual assault organization and founded and operates the National Sexual Assault Hotline. The hotline is a partnership of 1,100 local rape crisis centers across the U.S., and helps more than 120,000 victims each year. Since its inception in 1994, the hotline has helped more than 750,000 victims of sexual assault, with calls to the hotline increasing every year. Each year, RAINN also educates more than 120 million Americans about sexual assault, and we work closely with federal agencies, the military, Congress and the administration to improve services to victims and ensure rapists are brought to justice.

I am here today to share with you our response to the Department of Defense task force on sexual assault. For the past 10 years, RAINN has worked to educate the public about sexual assault, prevent sexual assault, help victims and ensure that rapists are brought to justice. While most of our efforts have focused on the civilian sector, much of what we have learned about what works—and what doesn't—applies as well to the military.

Despite the good work of more than a dozen Defense Department task forces and panels, sexual assaults in our armed forces continue to this day. Exacerbating the problem, victims continue to avoid reporting their attacks and are not receiving help because of legitimate confidentiality concerns.

As I will discuss in a little more detail in a moment, we believe that to adequately address these issues, we must take a number of immediate steps. We must strengthen on-base services and responses; provide alternative, confidential off-base services to victims; fix procedural, definitional and command issues that impede prosecution; and implement effective prevention and education programs to reduce the number of soldiers harmed by sexual assault.

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P: 202.544.1034 • F: 202.544.3556
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We are presenting a set of thirteen specific recommendations in these subject areas for your consideration as Congress and the Department of Defense work to solve this ongoing problem.

The Problem

Before I address our specific recommendations, I want to talk briefly about the nature of the problem. We all take great pride in the fact that the United States Military is the best-trained and best-equipped fighting force in the history of the world. Our men and women in uniform are given the greatest armaments and most advanced technologies available to win wars and safeguard our freedoms. And we provide our soldiers with the best training we can create to preserve and protect life and limb.

However, while we do everything possible to limit harm on the battlefield, we do relatively little to keep soldiers safe in the barracks.

In talking about our proposed solutions, I'd like to make two things clear. First, I'm not here to bash the military or exorcise it for this problem. The problems it faces are, in fact, quite similar to those faced by large colleges and universities. It is unfortunate, but, for the moment, true: Where there are many thousands of young, single people, there are surely a large number of rape victims. While there's no question military culture is unique—and presents unusual challenges to providing services for victims—that unique culture itself is not the cause of the sexual assault problem. The military does not have a "rape culture," as some have charged, and the vast, overwhelming majority of those in uniform are just as appalled by the acts of a few rapists as are we. In fact, it is the tremendous discipline and leadership inherent in the military culture, and the great character of most service members, that gives us such hope that we can improve the situation.

For many years, the Department of Defense has worked to investigate, evaluate and mitigate this problem of sexual assault within the ranks. More than a dozen commissions have been convened to discuss and find solutions to the problem. Now, the Task Force on Care for Victims of Sexual Assaults has presented us with a new analysis of the problem, its latest findings and a fresh set of recommendations to review and consider on this important issue. Like some of its predecessors, this most recent task force is made up of some very thoughtful and well-intentioned leaders, and, like some of its predecessors, it has shown a good understanding of the issue and proposed a number of reforms that will help address the problem.

We believe that the task force addressed the points it was charged to address. In light of the scope and mission of the task force, we believe that the panel did a commendable job and feel

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that its work is a good first step and a good catalyst as we move forward in addressing this important issue. But we also believe that after more than a dozen task forces and panels, it is time for more than findings and recommendations. It is time for action.

The report from the task force provides us with 35 findings on the effectiveness of Defense Department policies and programs. These findings indicate that the military has done some good work in the area of sexual assault prevention, education and response.

However, the report's findings also indicate some definite and serious shortcomings in Defense Department policies and programs related to sexual assault, including: a lack of concentration on the issue of sexual assault in military training and education; a lack of focus on sexual assault in military policies and standards, as opposed to sexual harassment; a lack of guidance, resources and training for commanders and chaplains who work to respond to and prevent sexual assaults; a lack of guidance, standards and resources in the provision of services to victims both on base and in theatre; an incomplete Department-wide definition of and policy and protocol on sexual assault; and a lack of confidential health and counseling services for victims. In most respects, we agree with the Task Force's findings.

The report offers nine broad recommendations, and the immediate actions called for are small, incremental steps, including actions like holding summits and convening more panel discussions. Near-term actions likewise call for development of policies and guidelines, rather than the development of victim service resources or training for commanders, chaplains or dedicated volunteer victim advocates. The only specific near-term action items are updating information and communication sources and establishing a single point of contact for sexual assault policy. While some of these procedural steps are valuable and important, I fear that the lack of immediate action items will be an excuse for bureaucratic inertia, allowing the services to continue studying the problem indefinitely. By now, we have studied quite enough. Now, it is time to implement.

Based on our experiences at RAINN and our work with and on behalf of victims of sexual assault, we believe that there are a number of programs and policies that the Department of Defense should implement in both the short and long term.

We should start by applying some important lessons we have learned in the civilian world. Lesson One: Victims who receive prompt, quality, confidential crisis counseling return to full strength more quickly, and are ultimately more likely to report their attack to law enforcement officials. Lesson Two: More reports to law enforcement means more prosecutions. Three: More prosecutions lead to fewer sexual assaults. Four: Well-designed prevention and education

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programs will lead to even fewer sexual assaults. In addition, we have learned that sexual assault and domestic violence are not the same and cannot be treated or addressed in the same manner.

In the civilian world, rape is down by half since 1993 while reporting of rape is up by half and prosecution of rape cases is increasing. Adopting these ideas and learning from these lessons could lead to the same positive results in the military.

RAINN's Recommendations

Our recommendations fall into three categories: training and education to prevent sexual assaults; victim services; and criminal procedure.

Sexual Assault Prevention: Training and Education

Our work in the civilian world shows that prevention and education programs can and do sometimes work. We train our soldiers in many areas, and with strong direction from senior officials, a consistent and effective prevention program could be implemented across each service.

By working with civilian experts and maximizing existing resources, such a program can be implemented for relatively little expense. Key elements of such programs include safety training, social norms instruction, peer education programs, general awareness education, an examination of definitions and attitudes, and, crucially, repetitive messaging.

The best place to start is with implementing a concerted effort to educate military personnel about sexual assault, protocols for handling incidents, and victim options and resources.

We recommend 5 types of immediate, specialized training. First responders must be trained to properly deal with victims and aggressively prosecute cases. The chain of command must be educated about procedural issues and generally about the issue of sexual assault, so that officers understand the problem and are equipped with the knowledge necessary to demand compliance. We must train civilian counselors in the nuances of military culture and procedure, so that they can provide quality, confidential services to victims and encourage reporting of attacks. And, we must train the troops, repeatedly, on proper behavior, preventing sexual assault, and services available for victims.

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1. *We recommend regular, comprehensive training for all incoming troops — as well as ongoing training for all members of the military — on sexual assault prevention, education, and prosecution.*

Such training should focus on education and prevention and should include:

- Safety strategies and personal protection information;
- Communication strategies;
- Understanding what rape is and what it isn't;
- What to do if you or a friend is raped;
- Information on support services and how to access them;
- Information on victims' rights;
- Information on punishments for sexual assault, with an emphasis on communicating that there will be no tolerance for sexual violence in our armed forces;
- How to report situations that are creating an environment conducive to sexual assault or are creating a risk of sexual assault;
- Social norms messaging; and
- Consistent repetition of these messages and information.

Military personnel who are taught by civilian sexual assault experts should execute training of troops. In addition, leadership involvement in this training is vital in order to reinforce the military's top-down commitment to ending sexual assault.

Training of troops that includes communication of the military's commitment to zero tolerance for sexual violence in our armed forces — and consistent communication of the rules, definitions, protocols, and penalties involved with this issue — will help to create an environment where education can take hold and this training can make headway in the fight to rid our military of sexual violence.

2. *We recommend regular, comprehensive training on sexual assault prevention, education and prosecution for the military personnel who will train new and incoming troops.*

This training, provided by civilian sexual assault experts, should include all issues of sexual assault prevention and education, including communication, personal safety and responsibility, consent issues, alcohol use, and a full understanding of what rape is and isn't under military code.

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These experts should also be available on an ongoing basis to provide assistance and answer questions from trainers, and should provide regular refresher training.

3. *We recommend regular, comprehensive chain of command training on issues involving sexual assault and the military command structure.*

Chain of command training should focus on effective oversight of the sexual assault reporting, service, and prevention programs and protocols. Training should include information on communication of priorities and zero tolerance, as well as rumor control and handling breaks in confidentiality.

Commanders — who, within the military's structure, must deal with charges and cases of sexual assault — must be trained and educated about sexual assault, on dealing with victims, and on the military's procedures and practices for handling cases of sexual assault. These training sessions must occur on an ongoing basis in light of the regular rotation of military leadership.

4. *We recommend regular, comprehensive training for First Responders on their role in the response, investigation and prosecution process involving sexual assault.*

First responder training should include CID, legal and medical personnel, victim advocates and chaplains. This training should include information on how to respond to the special needs and outlook of victims of sexual assault, ways to address the victim while aiding in the success of the investigation, and the importance of the role the first responder plays in the recovery of the victim.

While there are currently medical and mental health professionals deployed in theater, they are not specifically trained to provide the specialized help needed by sexual assault victims. Chaplains — considered to be an option for service members who want confidentiality — must also receive training and education about sexual assault if they are to be promoted as advocates and counselors to victims of sexual assault. We must also provide special training for those investigating charges and cases of sexual assault in the military.

In addition, the military should undertake the recruitment and training of volunteer victim advocates. Despite Congressional intent, many units are still without trained victim advocates, and many trained victim advocates are not deployable — their expertise and assistance stops at the base gate. These victim advocates should be trained to work within the military's system for dealing with sexual assaults and should be included in the overall protocol regarding sexual



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assault. These victim advocates should be part of each unit, ensuring a trained advocate would be available to victims in theatre.

5. *We recommend the production and distribution of standardized and regularly updated training and educational materials for use by the military.*

In addition to a concerted and regular training program, standardized and regularly updated training materials, as well as an interactive website with the most up-to-date information for victims, commanders and service providers, would provide accurate, easily accessible information for members of the military on base as well as those deployed throughout the world. Such a website would highlight military-based resources as well as community-based resources functioning around military installations that would benefit victims and their families.

6. *We recommend the creation and implementation of an educational outreach campaign focused on members of the military addressing issues of sexual assault.*

As part of this comprehensive training program, the military must engage with civilian experts to create and implement on-base and in-theatre publicity and outreach campaigns. This outreach program would focus on sexual assault prevention and education. Social norms messages must be developed through research but would likely include consent, communication, victim services, and prosecution. The outreach and publicity campaigns will include posters, flyers, newsletters, and media outreach efforts.

By working with civilian experts and maximizing existing resources, such a program can be implemented for relatively little expense. In fact, several of RAINN's affiliate centers have developed prevention and training programs, in cooperation with their local military bases, that could be adapted for national use.

For example, in the Las Vegas Area Community Action Against Rape is working with Nellis Air Force Base staff to create a model program that trains First Sergeants and military advocates on responding to sexual assaults. They also conduct outreach and prevention programs on base and have revised their hotline and hospital response protocols to include providing military victims with detailed information about their options on base, including reporting and prosecution. Another key element to the success of this program is the creation of a Sexual Assault Response Team — or SART — to respond to sexual assaults. The team consists of medical and legal personnel as well as military advocates (service members who are trained to provide peer support to victims of sexual assault). All members of the SART who provide services to victims of sexual

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assault are specifically trained in dealing with this issue. The Secretary of the Air Force and the Department of Defense have reviewed the program and it is referenced in the last DOD report.

Similarly, in Texas, Families in Crisis is working with the nearby Fort Hood. At the request of the base commander, they recently conducted a special training for Forward Support Battalions before rotation into Iraq. The training educated personnel on how to respond to instances of sexual assault and focused on prevention, including exercises around consent issues.

And in San Antonio, the Rape Crisis Center has trained all Wing Commanders and First Sergeants at Lackland Air Force Base on providing services for victims of sexual assault, including an exploration of post-traumatic stress disorder. They have also provided education for all new recruits on avoiding sexual assault and conduct regular outreach on base. They also respond to hospitals on base to provide support services for military victims of sexual assault.

Victim Services

Today we are faced with the reality that there is no consistency or uniformity in the delivery of services to victims of sexual assault within each branch of the military, much less across services. Most importantly, there is also no confidentiality afforded to victims who want to seek help.

RAINN has two recommendations in the area of victim services.

1. *We recommend that the Department of Defense contract with civilian experts to deliver confidential resources and services to victims of sexual assault.*

Most victims — civilian or military — are extremely reluctant to report their attack, discuss it or reach out for help. And most simply won't report their attack without a guarantee of confidentiality. The task force's own findings state that in seeking services to address and report a sexual assault "focus groups...expressed a preference to use outside sources, if available near the installation." In the military, there is no confidentiality in the health services system, and in order to access services a victim must engage the chain of command. This system adds privacy and career worries to a list of concerns that, after a sexual assault, is already a mile long.

A confidential system for receiving services would allow victims to deal with their personal trauma, their physical wounds and their emotional scars on their own terms and without fear for their rank or their careers and without their peers, bunkmates and superiors necessarily knowing the circumstances.

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Victims who receive prompt, quality, confidential crisis counseling return to full strength more quickly, allowing them to fulfill their military and family responsibilities. In addition, victims who receive this confidential help are far more likely to report their attack to law enforcement officials.

We understand that allowing confidentiality of health and counseling services on base is quite controversial. Rather than fighting over the point, and recognizing that those opposed have legitimate concerns, we believe that it makes good sense to offer an off-base option to service members seeking confidential services related to sexual assault.

The most efficient approach is to take advantage of the many resources that already exist to take care of and advocate for sexual assault victims. Rape counseling services already exist in more than 1,100 communities — many located near military installations — and are accessible 24/7 through the National Sexual Assault Hotline. Hotline counselor training can be expanded to include specialized knowledge of the military and the unique needs of service members, and the National Sexual Assault Hotline can be expanded to handle the additional demand. These services can be accessed anywhere in the world, 24 hours a day, as long as the soldier has access to a telephone.

Similarly, the National Sexual Assault *Online* Hotline, a secure, real-time online counseling service now being developed in consultation with the Justice Department, can be expanded to offer services to military victims. These, too, would be available 24/7 from anywhere in the world, as long as the soldier has access to a computer.

2. *We recommend training off-base civilian counselors to respond to the needs of military victims and assist in the navigation of the military system of prosecution.*

Rape crisis staff members now routinely play the role of victim advocate, guiding victims through the complex world of the civilian justice system.

RAINN has more than 10,000 trained, experienced counselors available to victims through our network of rape counseling centers. Counselors are trained and available to provide support and advice to victims who call the hotline, provide immediate crisis intervention after an attack, accompany victims to the hospital and police department, provide guidance on civil and criminal legal matters, act as liaison between victims and others that victims come in contact with, and provide up to 6-months of in-person counseling. In short, counselors oversee and assist in the victim's process of healing and recovering from the attack and help them reintegrate back into work and family life.

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With proper training, they would be well equipped to play a similar role for military victims.

We understand that there are some concerns about the consistency of civilian services as well as concerns about service members paying for such services out of pocket. We believe that this is a minor hurdle that can be fixed by working closely with civilian agencies and organizations to ensure that consistent services are available to members of the military, that local counselors are trained specifically on working within the military system, and that free counseling sessions and advocacy services are available to those who need them and come off-base to obtain them.

Some have voiced the concern that encouraging victims to get off-base help, outside the chain of command, will threaten troop safety by leaving dangerous criminals in the ranks. Unfortunately, that's true, as it is true of the current system. The problem is that there is no system that can ensure such safety or solve this issue. The best that can be done is to get as many victims as possible to report their attacks, so that prosecution can be pursued. And while it might seem counterintuitive, the fact is that victims are far more likely to report their attack if they have received the prompt, confidential counseling that is only available through civilian service providers. In other words, offering the confidential, off-base services to soldiers will lead to more criminals being identified, removed, prosecuted and punished, leaving the ranks a safer place.

Prosecution: Legalities and Procedure

Our experience and the work of many researchers shows that increasing reports of sexual assaults leads to more prosecutions, and more prosecutions, by preventing serial criminals from raping again and by deterring potential criminals, will lead quickly to fewer rapes. Again, this will require a sustained and vigorous commitment by commanders to fully investigate, prosecute and punish rapists.

RAINN has 4 recommendations in the area of prosecution:

1. *We recommend that the Department of Defense work to ensure that victims return to the military system to prosecute their offenders should they receive assistance from off-base services.*

While confidential, off-base alternatives to the military's very distinct and command-structure oriented system are vital for victims who would not otherwise get assistance or counseling, we must work to ensure that victims return to the system to prosecute their offenders. (Of course, this assumes that standard operating procedures change enough to make vigorous pursuit of

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rapists the rule rather than the exception.) The military must make a renewed commitment to prosecution, aided by off-base counselors who encourage victims to pursue justice through the military system.

2. *We recommend that the Department of Defense adopt a clear, consistent and standardized definition of sexual assault.*

This definition must clearly distinguish sexual assault and sexual harassment, cannot be hindered by archaic definitions currently included in the UCMJ, and be comparable to federal law regarding definitions of rape and sexual assault.

In the military's dictionary, sexual assault is currently lumped together with sexual harassment under the umbrella of "sexual misconduct." And sexual assault is not currently a specific offense under UCMJ. This is telling, and allows some to dismiss complaints of sexual assault as not serious. This lack of clear definition — and linking of sexual assault and sexual harassment — allows some to group rape and sexual assault in with raunchy sex talk and unwanted sexual advances. It is another barrier to realizing and accepting the reality that the FBI ranks sexual assault as the second most violent crime, behind only murder.

No one would stand by and let hundreds of unsolved, unreported murders within the ranks of our military. No one would be content to study it for years and produce thousands of pages of recommendations and testimony. No, we would jump into action. We would put people in jail and make sure the whole world knew about it. We must learn to define and address sexual assault as it truly is — the most violent and traumatic crime that a victim will live to remember.

3. *We recommend that the Department of Defense design and implement a Department-wide protocol for responding to incidents of sexual assault.*

This protocol must not only address the best method for guiding victims through the military's command and control structure, it must also address how the privacy of the victim will be handled through the reporting and prosecution process. We recommend adding protections for victims of sexual violence similar to the protections available in civilian courts, including reforming the Manual for Courts-Martial to establish a rape shield and to provide adequate privacy protections. A re-definition of "need to know" as well as the possibility of utilizing non-disclosure statements with stiff penalties throughout the process are some ways to address this issue of privacy.

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4. *We recommend several changes regarding the prosecution of sexual assaults in the military based in part on prior reports, including the Cox Report.*

First, a change in authority over pretrial legal matters is recommended, with decisions on pretrial matters being placed within the authority of a military judge, not the convening authority. Also, we recommend the repeal of the rape and sodomy provisions of the UCMJ and the drafting of a new statute based on Title 18 of the United States Code.

Conclusion

In summary, the problem of sexual assault is not unique to the military. And, so, neither must the solutions be. To successfully combat this problem, we must improve services on base through comprehensive training regimens; provide soldiers with alternative, confidential services off base; implement effective prevention and education programs on every base; and back up all these efforts with changes in the prosecution protocol, personal commitment, by base commanders, to zero tolerance and routine prosecutions in cases of sexual assault. We believe the results of such efforts will be fewer sexual assaults, healthier and safer soldiers, and an improved public image of the greatest military the world has ever seen.

I appreciate your record of leadership in the fight against this tragic and violent problem, and I thank you for the opportunity to address you today.

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DEPARTMENT OF THE AIR FORCE
PRESENTATION TO THE COMMITTEE ON ARMED SERVICES
SUBCOMMITTEE ON TOTAL FORCE
UNITED STATES HOUSE OF REPRESENTATIVES

Subject: SEXUAL ASSAULT PREVENTION AND RESPONSE
IN THE ARMED FORCES

Statement of: THE HONORABLE MICHAEL L. DOMINGUEZ
ASSISTANT SECRETARY OF THE AIR FORCE
(MANPOWER AND RESERVE AFFAIRS)

3 June 2004

Mr. Chairman and distinguished members of the Subcommittee—thank you for the opportunity to appear before you to share the results of our internal assessment of Air Force sexual assault prevention and response programs. Over the last 18 months, we have conducted multiple assessments. We have learned a lot -- and we are still learning. There are three overarching observations from these assessments:

1. The sexual assault problem is much more complex than it seemed initially.
2. Sexual assault is a societal, and consequently, an Air Force problem. There are no quick solutions to address sexual assault. It will require positive, ongoing efforts to instill and foster institutional change.
3. Commanders are key to institutional change success. Seeing and understanding the problem is challenging. They have been working the issue, but primarily from a criminal perspective, on a case-by-case basis, rather than as a cultural or societal issue. We must do a better job of defining and understanding the crime of sexual assault. We must create an institutional environment that refuses to accept or facilitate such behavior -- one that capitalizes on the ideals our Airmen prize:
 - Mutual respect – no Airman should ever be afraid of another Airman.
 - Mutual support – always take care of your wingman.
 - A strong team – everyone physically, mentally, and spiritually sound.
 - Success – we are winners when we are at our best and take care of each other.

The leadership of the United States Air Force takes this problem very seriously and we are focusing on it, from the top down, with the level of attention that it deserves.

We began this journey in January 2003, when we learned of allegations of sexual assault at the United States Air Force Academy (USAFA). After multiple investigations into these allegations, in March 2003, Secretary Roche and General Jumper implemented the *Agenda for Change* and the Fowler Panel Report recommendations. The *Agenda for Change* focus is broader than just changes designed to preempt sexual assaults, or the punishment of perpetrators; it is a template for cultural changes within the Academy. We learned a great deal about sexual assault from our experiences with the Academy.

Consequently, during a four star summit (CORONA Fall 2003), our senior leadership decided that we should look beyond the USAFA to determine whether the Academy experience was an anomaly or Air-Force wide.

General Begert, the Pacific Air Forces Commander, volunteered to do an assessment within his command. He limited his assessment to allegations of rape within the command and he presented his findings at the next four-star summit (CORONA February 2004). Based on General Begert's findings, the senior leadership of the Air Force agreed on the necessity of an Air Force wide assessment.

During this period, the *Denver Post* published several articles claiming a "wave" of assaults at one of our largest training bases, Sheppard Air Force Base in Wichita Falls, Texas. General Cooke, Commander of our Air, Education, and Training Command (AETC) initiated an investigation into the allegations at Sheppard AFB.

Based on the four-star agreement at the February CORONA, we launched an intense effort to assess Air Force sexual assault prevention and response capabilities and to identify recommendations for improvements. Using a standard template provided by the Vice Chief of Staff, the MAJCOM Commanders set up teams to visit installations. Their goal was to focus on five key areas: education and training (prevention), reporting, response programs, program oversight, and recommendations. The scope of the assessment was designed to provide a holistic review of sexual assault policy and programs -- it did not attempt to assess disposition of individual cases.

The Air Force set five goals:

1. Strive to eliminate sexual assault and any climate that fosters it;
2. Ensure an environment wherein victims have confidence to report;
3. Conduct appropriate investigations and prosecutions;
4. Effectively addressing victims' health and well-being; and
5. Ensure commanders and higher headquarters oversee program effectiveness.

A headquarters Integrated Planning Team (IPT), under my supervision, was formed to: conduct a review of headquarters-level policies; conduct corporate and university benchmarking; contribute to the DoD Task Force effort; engage sexual assault subject-matter experts (external to AF); synthesize MAJCOM self-assessments; and capture findings and develop recommendations.

The IPT membership included subject-matter experts from a wide spectrum of areas dealing with sexual assault:

- Security Forces;
- Inspector General (including Office of Special Investigations);
- Surgeon General;
- Personnel;
- Office of the Chief Master Sergeant of the Air Force;
- Office of the Judge Advocate General and the General Counsel;
- Members of the Air Force Reserve and the Air National Guard; and
- The Chaplain.

The IPT conducted corporate benchmarking to identify best practices in the private sector. They contacted 30 private organizations regarding sexual assault/sexual harassment policies. The companies contacted were those identified in the Fortune and Business Week magazine listings of companies as having highly admirable business practices.

We also looked for congruencies with Air Force environment and job diversity. The majority of organizations contacted were unwilling to discuss responses to sexual assault in the workplace or they identified it as an issue that would be handed over to law enforcement should an assault occur. There were no internal methods or channels for dealing with sexual assault. Most companies focus instead on sexual harassment policies in the workplace.

In our attempt to benchmark outside of the military environment, we found the college environment the most analogous to the Air Force findings. We elicited the

assistance of Dr. Heather Schumacher-Karjane, the principal investigator and co-author of the largest study completed on campus sexual assault (*Campus Sexual Assault: How America's Institutions of Higher Education Respond*. Karjane, H.K, Fisher, B.S., & Cullen, F.T. (2002) for the National Institute of Justice, U.S. Department of Justice).

We found common characteristics in both environments. Both have large, concentrated numbers of young adults, living and working together; many on their own for the first time. The age ranges were similar. The average age of Air Force members reporting sexual assault was 22 years and subjects of investigations, 24 years. The average age range of college study populations were 16-24 years.

In both populations there was a pervasive use of alcohol. We found that alcohol was involved in at least 70 percent of the Air Force allegations.

Especially important in the finding is that in both populations, the victims knew the offenders.

In the Air Force, 85 percent of offenders were known by the victim and in college studies, 80 percent to 90 percent were known by the victim. This, along with another important factor (low sexual assault reporting rates), has significant implications for prevention, education, and possible prosecution of the offenders. Dr. Karjane's study and our own internal assessment identified similar barriers to reporting attempted or completed sexual assault (discussed below in Findings).

On 9 April 2004, we received the MAJCOM reports. Eighty-five installations were visited and/or surveyed. Attempts were made to contact over 100,000 personnel via interviews, surveys, focus groups, and feedback sessions. The HQ USCENTAF Inspector General sent a team to Kyrgyzstan, Afghanistan, Kuwait, Iraq, the United Arab Emirates, and Qatar.

On 21-22 April 2004, we conducted a two-day off-site with the MAJCOM assessment team leads, Air Staff IPT members and two outside experts: Dr Heather Schumacher-Karjane and Dr. David Lisak, a nationally renowned consulting expert in the area of non-stranger assaults (in particular, rape) and forensic expert from the University of Massachusetts, Boston. Dr Lisak has worked with the USAFA and we requested his assistance to help us understand the broader, societal, and cultural aspects of the problem that we are addressing.

As many as one in four (24 percent) college-aged women have experienced some form of completed rape or attempted rape (Fisher, B., Cullen, F, and Turner, M (2000)). Dr Lisak states, "Sexual violence on that scale can only exist in a culture that facilitates it." This statistic, combined with the statistic that the victims knew 80 percent to 90 percent of the offenders, compelled us to look further at our perceptions of victims and offenders.

Dr Lisak stated that only a tiny minority of rapists -- about five percent -- are stranger rapists -- such as the stranger in a ski mask who makes a blitz attack from the bushes, does not know the victim, inflicts brutal injuries, and will ultimately be incarcerated. Therefore, 95 percent of core sex offenders are non-stranger rapists whom current rape myths protect: he is a nice guy, the rape was unpremeditated, it won't happen again, both drank too much, and it was a miscommunication.

In reality, based on Dr Lisak's studies, the non-stranger rapist knows the victim, uses alcohol and other substances to make the victim more vulnerable, premeditates the

rape, uses calculated force, is a serial offender (to include children), and is seldom incarcerated.

His study also indicates that the average serial rapist victimizes 14 separate women and children. Non-stranger rapists do not wear ski masks; they come from all walks of society and all races/ethnicities. They are able to function because they rely on facilitators--those who perpetuate an environment that enables them to assault by reinforcing their behaviors, and bystanders, those who have knowledge of the incidents and dangerous environments, but fail to act. The information and insight provided by Dr Lisak's study, has profound implications for prevention, investigative and judicial processes, and understanding and caring for the victim.

Emerging from the two-day offsite, we identified major findings that are critical and need our immediate attention. The findings and proposed recommendations were presented at a four-star summit (CORONA TOP) on 18 May 2004. A plan was approved, with timelines, to undertake specific actions within 90 days, culminating in a four-star summit in the fall.

The Assistant Vice Chief of Staff and myself will oversee the follow-on effort. The following describes the Air Force findings and the CORONA TOP approved actions that we will undertake to address the findings.

1. POLICY AND LEADERSHIP:

Finding: Lacked Cogent AF-wide Sexual Assault Policy. No single headquarters office was designated to develop, promulgate, and maintain policy. There is no specific Air Force policy addressing sexual assault. We lack a compelling message, and policy is key to that message. Key sexual assault terms/concepts require further definition. For example, we need to clearly distinguish sexual harassment from sexual assault. We need to clearly define confidentiality, privacy, and anonymity.

Finding: Commanders Were Not Aware of the Prevalence of the Sexual Assault Problem. Commanders are dealing with sexual assault as a crime, on a case-by-case basis, not as a cultural issue. The incidents of reported sexual assault at most installations are statistically insignificant enough so as to not raise an alarm. According to the Federal Bureau of Investigation (FBI), sexual assaults are the most underreported violent crime in the nation. Low reporting rates created a false sense of security. The fact that they are so underreported masks the prevalence of the problem.

Finding: Existing databases lack integration. We found that there are several existing databases addressing investigation, prosecution, and medical care that provide installation case management information. However, these databases are not integrated to provide trend analysis and oversight information at higher levels where consolidated information may provide an indicator of a problem within the Air Force.

Finding: "Environmental" Issues. Focus groups raised a number of dorm issues that will be reviewed: concern that dorm policies are evolving rapidly in response to emphasis on sexual assault issues; alcohol use in the dorms; and dorm occupancy policies.

Finding: Resources – MAJCOMs concerned about "out-of-hide" solutions. The MAJCOMs know that long-term institutional change will involve resources that are not currently available. They recommended that we consider combining sexual assault

initiatives with similar programs, such as domestic violence, to provide the same level of support while making the best use of resources and trained responders.

Plan for Improving Policy and Leadership.

Responsibility for policy development and oversight of Air Force policy and program implementation is vested with me, as the Assistant Secretary of the Air Force (Manpower and Reserve Affairs). Due to the multiple functional agencies (e.g., Surgeon General, Chaplain, AFOSI, Judge Advocate) associated with day-to-day implementation, the Chief and his senior leaders are discussing where to most effectively vest functional responsibility for support of commanders, and policy implementation at the Air Staff, MAJCOM, and Wing level.

Develop an Air Force prevention and response policy that focuses on cultural and institutional change.

We asked Ms Deborah Tucker, Executive Director of the National Center on Domestic and Sexual Violence and Co-Chair, DoD Domestic Violence Task Force, to review our findings and provide us advice, based on her experience, about how best to attack the issue on the institutional level and help us better understand the issues from a victim advocate's perspective.

She advised us to address institutional and individual attitudes and beliefs and to identify concrete behaviors that will achieve higher standards, which in turn will ensure that young women and men will continue to want to join and remain in the Air Force.

These objectives must be implemented through leadership, policy, and training. We will be working with OSD, in particular, to emphasize total force and joint solutions. *Development of a communications strategy to re-orient AF culture into a proactive force that refuses to accept or facilitate sexual assault behavior and one that emphasizes behavior that respects the dignity of each Airman.*

We will promulgate policy throughout the command structure and begin the education process necessary to:

- Enhance commanders' understanding of the crime; and
- Raise awareness among Airmen at all levels that being a facilitator or a bystander harms a fellow Airman and ultimately weakens the team.

We will pursue internally and with OSD the means to integrate reporting and tracking databases and develop an enterprise-wide database for information sharing and program management, especially at MAJCOM-level and higher.

A team will review Air Force "environmental" issues and examine existing dorm and alcohol policies. We will identify the resources needed to sustain a continuous and consistent prevention and response program.

2. PREVENTION, EDUCATION, & TRAINING

Finding: Education, Training and Prevention Were Primarily Focused on Sexual Harassment in the Workplace – Not Sexual Assault. There is no clear AF-wide sexual assault policy/message reflected in current training. Sexual assault education is sporadic; for example, basic military training (BMT) includes a portion on sexual assault awareness while other professional military education classes include it with sexual harassment. Some installations have developed specific training and programs, (e.g.,

Nellis AFB, Nevada Sexual Assault Prevention Program), which we identified as best practices.

In response to the recent issues pertaining to sexual assaults at the AF Academy, HQ AFOSI established an *Advanced Sexual Assault Investigations Workshop* conducted at the Air Force Academy. A multi-functional team of first responders attended the training and the following topics were covered during this course: Victim Awareness, Trauma, Sensitivity; Legal Perspective/Challenges; Effect of Drugs/Alcohol on Assaults; Sexual Assault Investigative Protocol; Biological/DNA Evidence; Crime Scene Documentation; Cold Case Approaches.

Based on positive feedback from the Air Force Academy course, HQ AFOSI is in the process of developing an annual course to be held at each of our MAJCOM Regional Headquarters. Training for judge advocates begins in the basic Judge Advocate Staff Officer Course at the Judge Advocate General's School and also includes specialized training in such venues as the Legal Aspects of Sexual Assault Course; trial advocacy courses and workshops; implementation of the Victim's Rights and Restitution Act for judge advocates, paralegals and victim witness assistance liaison officers; and training for staff judge advocates at all levels.

With the assistance of Anne Munch, Director, Ending Violence Against Women Project and Colorado prosecutor, we gained additional information regarding the importance of understanding sexual assault as a criminal act (in particular rape), and training investigators and prosecutors in the societal held beliefs/myths that often influence juries, judges, and case decisions.

In the focus groups, young Airmen were quick to point out that creative, targeted training programs will be required to shift cultural thinking; today's "death by Powerpoint" methodology will not be sufficient for institutional change.

Plan for Improving Education and Training. We are developing an education and training strategy that will establish a training baseline and a multi-tiered program for all personnel (recruits to senior leaders). In doing so, we will ensure the delivery of a common message to everyone. The strategy will include interactive training programs that target career transition points (BMT, AFROTC, OTS, SOS, ACSC, ALS, NCOA, SNCOA, and First Sergeant School). We also will continue to enhance training for key first responders and will expand training to include victim advocates and other caregivers.

3. REPORTING

Finding: Confidentiality - Victim's Lack of Privacy Most Frequently Quoted Barrier to Reporting Sexual Assaults. The scope of sexual assault is difficult to quantify. According to the *Fisher* study referenced earlier on the *Sexual Victimization of College Women*, a national Department of Justice sponsored study of more than 4,000 college women showed that under five percent of rape or attempted rape victims reported the incident to police. A similar study (*Koss, M.P., Gedyg & Wisniewski - 1987*), sponsored by the National Institute of Mental Health, also showed that only five percent of college students ever report incidents. Most college-aged victims do not report the incident.

The most common reasons given for non-reporting is lack of privacy, embarrassment, lack of confidentiality, or lack of an anonymous reporting option. This lack of a protected disclosure enables other reporting barriers. For example, in Air Force

focus groups, Airmen feared that identification as a victim would reduce their image in the eyes of the commander and other unit members. Others thought their peers and superiors would think they should be able to handle it and not complain. Men thought they would be considered homosexual if they reported. Some were concerned about the operational impact, that is, "Will I be allowed to complete training?"

A key issue emerged from this finding that is unique to the military structure. Air Force commanders have an obligation to maintain good order and discipline, get offenders off the street, and preclude further attacks. Reluctance by victims to report incidents reduces the likelihood of cases that require investigation.

Plan for Enhancing Reporting. We will work with officials in the Office of the Secretary of Defense to design and deploy a system of reporting that:

- Maximizes reporting rates while balancing victim confidentiality; and
- Balances the victim's need to control the information that he or she shares with the commander's accountability and responsibility for good order and discipline of the unit, which is accomplished through investigation and prosecution of offenders.

This must be accomplished in coordination with the Office of the Secretary of Defense and should be consistent across the Department of Defense. It supports the larger objectives of: (1) getting victims into care; and (2) isolating the offender and holding the offender accountable. Once a victim has decided to report, we must provide privacy procedures that limit the disclosure of information.

4. RESPONSE.

Finding: Current Sexual Assault Response Programs Emphasize Investigative/Judicial Processes. Air Force-wide, the response to an alleged sexual assault has primarily focused on the investigation and subsequent judicial process. The Victim Witness Assistance Program (VWAP) has been implemented but execution is somewhat inconsistent. The VWAP liaison provides investigative and legal support related to the Uniformed Code of Military Justice (UCMJ) case. There is, however, an imbalance between investigative/judicial needs and sustained victim support/care.

The commands also identified issues with the timeliness of processing the rape kits by the U.S. Army Criminal Investigation Lab (USACIL), which in turn impacted investigations. The Air Force recently funded ten additional DNA and trace technician spaces for the U.S. Army Criminal Lab to assist them in decreasing the amount of time it takes to process sexual assault kits and evidence.

Finding: Victim Care Was Inadequate. Multiple agencies oversee sexual assault victim treatment and investigation in parallel. There is no AF policy that fully integrates victim response. The Office of Special Investigations, the Security Forces, the Judge Advocates Office, the Chaplain, and the hospital Life Skills Clinic are all involved in responding to a victim of sexual assault, but each office has a distinct process and reporting structure that, with few exceptions, is not integrated to provide the best support.

Until directed by Secretary Roche and General Jumper on 1 April 2004, no AF-wide victim support program existed. Some installations had implemented local programs.

Reliance on community resources is high but can be improved through use of formal care agreements. On 15 March 2004, the Surgeon General's office encouraged all medical treatment facility commanders to contact local rape counseling centers and,

where there were no existing relationships, to invite them to join in education of medical provider staff.

Sexual Assault Nurse Examiner (SANE) availability varies within the communities where Air Force bases are located. SANEs are used in AF investigations whenever possible; however, the volunteer status of the SANE often leads to longer processing, particularly in an off-base hospital. At overseas bases, off-base services are lacking, limited, or non-existent.

Our research (*Trauma and Recovery*, Judith Herman, M.D.) and information from experts indicates that recovery from non-stranger rape takes longer because the victim's perception of security is shattered; violation of trust can affect relationships for years. This has implications for continuity of care.

We found limited victim support after the judicial process had ended and when the victim was transferred to another installation. NOTE: Recognizing an immediate need to address victim care, on 1 April 2004, as an interim measure until the AF assessment was complete, Secretary Roche and General Jumper required the commands to establish Victim Support Liaisons at each base who report to the Vice Wing Commander. A basic model and guidelines for victim support were provided as an interim measure pending results of the Air Force assessment.

Plan for Improving Response. Establish a Victim Advocate Coordinator and/or response teams and ensure maximum use of base resources to mitigate all victim care issues (e.g. domestic violence, child sexual abuse). The coordinator, working with individual victim support liaisons, would seek to improve coordination among all agencies involved in response; to provide victim feedback; to avoid activities that create re-victimization; and to provide continuity of care so as to effectively address the victim's health and well-being.

We must fully utilize community resources by expanding existing relationships with community resources for training and response. We must enhance understanding of VWAP and its integration with other victim support and care activities. We will continue to enhance investigation and prosecution techniques through the assistance of experts in prosecution and forensic evidence.

5. AEF/DEPLOYMENT CHALLENGES

Finding: AEF/deployed Environment Creates Unique Challenges for Sexual Assault Prevention and Response. Prevention efforts and training must be completed before deployment. Current training in deployment preparation is sporadic or does not occur. Forty-percent of deployed commanders were not commanders at their home stations. Some loss of unit integrity in the deployed environment impacts continuity of programs and may influence a victim's willingness to report this traumatic event, especially to someone with whom the victim has not developed a trusting relationship at their home station.

Deployments, particularly in a joint operational environment, require Airmen to learn a new environment, develop new working/living relationships with peers, and adjust to a new supervisor, sometimes from another Service. The close living environment, on- and off-duty, has the potential to breed fraternization and cause discipline problems at the home station.

Limited resources for victim support are compounded by intense mission focus. Medical issues may be exacerbated in the AOR. Primitive conditions/infrastructure hampers collection, proper storage, and maintenance of evidence.

Standardized policies and procedures in a joint environment are needed.

Plan for Responding to AEF/Deployment Challenges. We will: standardize sexual assault prevention and reporting policies during AEF/deployment. Establish a point of contact for oversight within the air component. Standardize oversight and accountability in the combat environment and engage in an integrated joint approach with sister services in a deployed environment. Require mandatory pre- and post- deployment training. Ensure that all commanders and personnel receive appropriate training, instruction on reporting and care, and develop scenarios as part of the AEF work-up.

SUMMARY:

Sexual assault prevention and response challenges our Air Force to do our best for our people and their families. In meeting this challenge, we have an opportunity to lead the way in developing the largest institutional response to sexual assault in our nation's history – and together with our sister services and OSD leadership, we will commit to leading the way. That is not our primary reason for committing to this path, however.

Our primary reason is to ensure the mental, physical, and spiritual well-being of our Airmen, so that they will remain convinced that we always take care of our Wingman.

Statement of
Dr. Frances Murphy
Deputy Under Secretary for Health Policy Coordination
Department of Veterans Affairs
Before the House Armed Services
Subcommittee on Total Force Protection
June 3, 2004

Mr. Chairman and Members of the Subcommittee, I am pleased to submit this testimony on the programs in the Veterans Health Administration (VHA) addressing military sexual trauma (MST).

The Veterans Health Administration (VHA) has been aware of the issue for women since at least 1991 when there were reports of sexual abuse among women who served in the Gulf War. Jessica Wolfe, who was then working at VA's Center for Post Traumatic Stress Disorder (PTSD), reported that 8 percent of the female Gulf War veterans that she surveyed reported attempted or completed sexual assault during their deployments. In July 1992, one woman veteran testified at a Senate Veterans Affairs Committee (SVAC) hearing about her experiences in the Gulf War and other women told of sexual abuse from earlier eras. Even prior to these hearings, VA staff at the Vet Centers and in treatment programs for PTSD were receiving reports from women patients of rape and other sexual abuse while serving in the military. Following these hearings, the U. S. Army released statistics indicating that 26 women had reported rape or other sexual abuse during service in the Gulf War. It is important to note that the National Victim Center has estimated that only 16 percent of rape cases are ever reported, and it is generally agreed that the crime is underreported in military, as well as civilian life.

In 1992, Congress passed Public Law 102-585, which authorizes VA to provide counseling services to women veterans to "overcome psychological trauma which, in the judgment of mental health professionals employed by the

VA resulted from physical assault or sexual harassment that occurred while the veteran was serving on active duty." In 1994, Congress amended that treatment authority to include men as well as women, to include appropriate care and services for an injury, illness, or other psychological condition that resulted from the sexual trauma, and to require the coordination of care and services furnished to the veteran under this authority. These provisions made screening of patients for sexual trauma extremely important because survivors of sexual trauma often do not seek mental health services but present to primary care or other providers with a variety of physical, emotional and behavioral symptoms such as gynecologic complaints, headaches, eating disorders, anxiety, depression or poor self care.

VA has developed an extensive program to address military sexual trauma. The key components are awareness, education, outreach, sensitivity training, screening and treatment. An educational program to train primary care and other practitioners about the prevalence, screening, referral and treatment for military sexual trauma is ongoing. Video teleconferences have been aired, written material is available, and most recently, a Veterans Health Initiative module is available as a web-based training program and in print media. I am particularly proud of the Quick Reference Guide, a brief synopsis in a pocket manual format to help clinicians better serve their patients who have experienced MST, which is part of that module. VA has published brochures to alert veterans and staff to the programs available for counseling and treatment, and information is available on a variety of web sites including the Women Veterans Health site, the National Center for PTSD's site, and a number of VHA network web sites. Women can access services through the Women Veterans Program Manager at each VA facility. These program managers seek to make VA facilities comfortable and welcoming for this special cohort of veterans.

Also, veterans who receive treatment under VA's sexual trauma treatment authority receive free outpatient pharmacy services. In addition, neither enrollment nor payment of copayments is required for the care furnished under this authority.

In 1997, in its efforts to reach those who may have experienced military sexual trauma and advise them about VA's services, VA sent letters to approximately 400,000 women veterans that advised:

"...We know that a number of women veterans experienced sexual trauma while serving on active military duty. While some of them have sought counseling and treatment, many have never discussed it with anyone. They are very uncomfortable talking about it or even wonder if they can, or if it would matter. Unfortunately, this is a common reaction to sexual trauma."

The letter also explained that counseling and treatment are available and provided VA's toll free number so that veterans could contact a Veterans Benefits Women Veterans' Coordinator to access care.

In 1998, the U.S. General Accounting Office (GAO) testified before the Subcommittee on Health of the House Committee on Veterans Affairs (HVA) about VA's efforts to respond to the challenge of providing sexual trauma counseling. GAO testified that it found that the total number of women receiving sexual trauma counseling at VA medical centers and Vet Centers increased by 230 percent between 1993 and 1997. GAO also found patient satisfaction to be high. They recommended that VA continue to evaluate the effectiveness of the program.

Since 1999, VA initiated an automated system to track when MST services are provided, and in the year 2000 MST coordinators were appointed to assure proper usage of the software and proper input of data. The Veterans Benefits Administration (VBA) also has a program to assist those who experienced MST to apply for compensation.

VHA fully implemented the reporting system to monitor screening for MST in March 2002. Between March and October 2002, 1,761,591 veterans were screened for MST; 90,075 of these veterans were women. One and one-third percent of the men and 21.6 percent of the women reported they had experienced MST. The statistics for FY 2003 show 0.93 percent of men and 19.03 percent of women reported they had experienced MST. FY 2004 data indicate 1.18 percent of male veterans and 20.69 percent of females report

experience with MST. This shows that a large percentage of women veterans who seek care in VA bear a heavy burden of sexual trauma. Also, while one in five women and only one in 100 men screened report that they have experienced MST, almost half of the numbers of those reporting MST are men because of the heavy preponderance of males in the veteran-population. These statistics show that MST is not only a women's problem in VA's patient population.

VA plans to do additional detailed tracking of MST care and treatment, but it has not been implemented across the system. This is a challenging project because veterans do not always report the sexual trauma early in their mental health encounters, and the treatment is often coded as treatment for the resulting symptoms or disability such as depression or PTSD. Focused studies, such as the evaluation of the four Women Veterans Stress Disorders Treatment Teams (WSDTTs) conducted in FY 2002, have indicated that women veterans treated in the WSDTTs showed significant improvement, specifically for PTSD, violence, medical condition, overall adjustment, quality of life and perceived impact of their illnesses on social functioning. These results are comparable to those of male veterans treated for PTSD in PTSD Clinical Teams, and, like their male counterparts, most female veterans improve by the fourth month of care.

Caring for the men and women who have experienced sexual trauma while serving their country in the military is a serious mission for the Veterans Health Administration. We are committed to screening all patients and getting the message out that those who are suffering the consequences are not alone and more importantly that help and treatment are available.

Thank you for allowing me to share what VA is doing to treat veterans who have experienced MST.



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An Advocate's Perspective

Sexual Assault Prevention and Response in the Armed Forces

by Juliet Walters, Training Director, National Center on Domestic and Sexual Violence,
for the House Armed Services Subcommittee on Total Force

Mr. Chairman and members, thank you for the opportunity to speak with you today. I am Juliet Walters, Training Director of the National Center on Domestic and Sexual Violence, located in Austin, Texas. Many of you know Debby Tucker, Executive Director of the National Center, who served as co-chair of the Defense Task Force on Domestic Violence (DTFDV). Throughout her service, she and I and other members of our staff debated the commonalities and differences in how domestic and sexual violence must be addressed in both civilian and military communities. The Task Force Report on Care for Victims of Sexual Assault affords an opportunity similar to that of the Defense Task Force, in that it's a blueprint for action. This action will be multifaceted: a change in the military culture that will prevent sexual assault and a responsive system that seeks to intervene when it does occur.

Based on national statistics on sexual assault prevalence in closed institutions like colleges, we know that sexual assault will occur. Nationally, one in four women and one in ten men are victims of sexual assault. The military, like college campuses, needs to be ready and available to respond to victims.

Attention to sexual violence in the military is refocused now due to the approximately 118 reports (as indicated in the Care for Victims Task Force Report, p. 20) from victims in Iraq, Kuwait, and Afghanistan. However, like the Care for Victims Task Force, the advocacy community is mindful of the many years of analysis and recommendations that have preceded this hearing today. The Care for Victims Task Force provides a chronology (pages 92-96 of its report) of those incidents and actions by Congress, the Department of Defense (DoD), researchers, and advocates that sought to better address this complex issue within DoD.

The work of the Care for Victims Task Force is credible, especially given the short time frame. The findings speak to many of our concerns with the military's response to this problem, and we urge DoD to act upon the recommendations quickly. While doing so, DoD must ask the following:

- How do our policies and procedures support victims?
- How do they create barriers or gaps?
- How will victims enter the system for assistance?
- What happens to victims at each level of our system and across systems?

Simultaneously, DoD will need to address changing a culture that tolerates sexual violence to one that condemns it. Rape is a gender-based crime that is rooted in our society's fundamental

disrespect for women. Even when men are victimized, the male victimizer uses the same language he'd use if the victim were female. It's gendered violence, and that's a hard thing to understand at first. When we focus on the victim and her or his behavior, we support the perpetrator and allow him to continue to humiliate and control others. When we stand by while sexist jokes are told or harassment occurs, we contribute to a sexually violent atmosphere. (Attachment 1: Continuum of Sexual Aggression handout)

Currently, a victim of sexual assault in American culture learns the following:

- I will not be believed
- I will be questioned about what I was wearing, where I was, and what I was doing
- People may assume that I invited the assault
- My character will be analyzed
- My word is not good enough
- I may be labeled as "crazy," a "slut," or "vindictive," and therefore not be considered credible
- If I am male, I will likely be viewed as gay and having invited the assault
- Having any social contact with the perpetrator means I have no rights over my body, even if I say "no"

In the military culture, a victim may also have learned that:

- A male soldier's "stress" over being in combat can supercede my health and well-being
- I will be minimized and trivialized
- If I come forward, my career within the military will be compromised

It is imperative that the military focus on culture change by educating all members of the services through training that addresses:

- Sound, easily understood legal definitions of sexual assault and consent
- Use of appropriate language, such as "stranger/non-stranger rape" versus "acquaintance rape" or "date rape"
- Awareness of the fact that the vast majority of sexual assaults are planned and committed by non-strangers
- Encouraging alcohol and drug use is often a premeditated act by a perpetrator and is a risk factor for assault
- Refusing to be a bystander to violence and becoming an ally

Training will also be needed for command, law enforcement, JAGs, chaplains, victim-witness coordinators, victim advocates, and medical personnel to create a response system that meets the needs of victims.

Under the current response, too many victims who do not officially report the crime receive very limited services, or no services at all. Even victims who do report may be "dropped" from assistance if no criminal case is pursued. All victims need medical and emotional support throughout the lengthy healing process, regardless of whether the offender is facing a criminal action.

And too often, when the offender is facing a criminal investigation, there's an undue burden

placed on the victim's testimony along with inadequate gathering of forensic and other evidence. A common attitude -- that sexual assault allegations are falsely made -- impacts the tenor of investigations and the disposition of cases. In fact, less than 4% of felony allegations of crime, including sexual assault, are ultimately discovered to be unfounded.

The intersection of the needs of victims of domestic and sexual violence is most pronounced in the recommendation 4.2 on page 49 of the Task Force's April 2004 report: "provide confidential disclosure." While there is tension around the commanders' need to know (for accountability purposes), we believe that due to a lack of privacy for victims, commanders don't find out about many incidents of violence against women and gender-based violence. With confidential disclosure and supportive services, it's possible that victims will actually tell commanders with more frequency and earlier, resulting in a greater capacity to collect evidence and prosecute offenders.

Congresswoman Slaughter's amendment calls for DoD to put in place comprehensive policies to prevent and respond to sexual assault by January 1, 2005. We applaud the Congressional sentiment that DoD move quickly. As DoD and the Services consider the Report and their own research into existing prevention and intervention approaches, the National Center on Domestic and Sexual Violence urges you to support a standardized approach. By collaborating across Services to develop policy and training, DoD may more rapidly ensure consistent support to victims and increased offender accountability.

Finally, we at the National Center and other advocacy organizations committed to ending violence against women stand ready to share our experiences and support DoD. DoD must develop responsive, supportive services for victims of sexual assault and eradicate sexual predators in our military. We need a military that understands violence against women, actively seeks to end it within the rank and file, and steps up as a leader to collaborate with us. Together, we can create an America with safety, trust, respect, and honor for all.

Respectfully submitted,

Juliet Walters
Training Director, National Center on Domestic and Sexual Violence
June 3, 2004

Additional information: The Defense Task Force on Domestic Violence pointed out a relationship between domestic violence and sexual assault and indicated that many of its recommendations could apply to both of these problems. On February 25, 2004, the Defense Task Force provided the Senate Armed Services Committee with detailed information on how its work could apply to sexual assault. (**Attachment 2: Debby Tucker's Senate Armed Services testimony**)

Attachment 1: Continuum of Sexual Aggression
Attachment 2: Debby Tucker's Senate Armed Services Committee
testimony, February 2004



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**The Department of Defense Task Force on
Domestic Violence Recommendations:
*How They Relate to Sexual Violence***

Attitudes (attachment 1)

Attitudes of violence against women exist on a continuum. When disrespect of women is tolerated, other forms of aggression develop and get progressively worse. Domestic and sexual violence against women will not end until this disrespect toward women ends. Addressing disrespectful behavior early on is preventative – less sexual assault and violence will be the result.

Cultural shift (attachment 2)

Cultural changes in large institutions like the military happen from the top down. The #1 recommendation of the Department of Defense Task Force On Domestic Violence (DTFDV) was to “create a culture shift that: does not tolerate domestic violence; moves from victims holding offenders accountable to the system holding offenders accountable; and punishes criminal behavior.” We suggested in our third-year report that many of the recommendations we made could also be applied to sexual violence; we discuss in the report the connections between these two violent crimes.

Core principles of intervention (attachment 3)

The core principles of domestic violence intervention recommended by the DTFDV also apply to sexual violence in the military.

Leadership (attachment 4)

The success of the domestic violence intervention model depends upon command. Command is responsible for victims' safety, getting assistance and access to support services, and responsible for ensuring offender accountability. In a 2001 letter to military command, Deputy Secretary of Defense Paul Wolfowitz asserted that: “Domestic violence is an offense against the institutional values of the Military Services of the United States of America. Commanders at every level have a duty to take appropriate steps to prevent domestic violence, protect victims, and hold those who commit it accountable.” Sexual assault, like battering, is criminal behavior and must be addressed by command as such.

Focus on the perpetrator, not the victim (attachment 5)

Focusing on the victim as an explanation for a sexual assault misdirects the military's efforts. This approach does not work. The issue is the perpetrator's behavior – what the victim was wearing, drinking, doing, etc., does not change the fact that a crime has been committed. The perpetrator is responsible for his behavior; focusing on the victim only serves to lessen the accountability for the offender.

How many strikes?

Is the military going to devote resources to attempting to treat sex offenders who have offended once or multiple times, or is it going to direct its efforts at changing the **American** culture? How many troops are currently serving that have offended sexually once or twice or three times? Why do we allow them to continue serving?

Women and work

Women in the military are simply doing their jobs and pursuing a career and a living. They should not be subjected to sexual assault and intimidation by the environment of their workplace. This compromises the efficacy of our military, its cohesion and readiness.

Our sons and daughters

The troops currently serving in Iraq are our sons and daughters. They belong to us – we're responsible for them and we owe them a good example. None of us would want to find out that our son has raped or that our daughter has been violated. We must believe and support victims while confronting offenders and demanding that the violence stop.

Confidentiality

Victims need access to information and support and they need someone to assist them in the reporting process who will advocate for them. Victims need someone who is clear about the process and who understands the very natural emotional reaction a victim has to sexual assault, someone who does not mistake this reaction for a mental health condition.

Vigilance (attachment 6)

The military took on racism issues and diversity a long time ago, and although the problems have not been entirely solved, a lot of progress has been made. Advocates have recognized that the strategies and techniques that apply to ending racism, homophobia, and classism are the same as those we need to use to end violence against women. I believe the military can address the underlying sexism that fosters violence against women by using the same strategies employed to end racism in the services.

Respectfully submitted,

Deborah D. Tucker
Executive Director

February 25, 2004
Senate Armed Services Committee

Attachments

- 1 - *Continuum of Sexual Aggression*
- 2 - "Sexual violence and trafficking in women" excerpt from 3rd-year report of the Department of Defense Task Force On Domestic Violence (DTFDV)
- 3 - Principle Elements of the DTFDV's Strategic Plan
- 4 - Letter from Deputy Secretary of Defense Paul Wolfowitz to military command
- 5 - *Military Power and Control Wheel*
- 6 - "Multi-culturalism and cross-culturalism" excerpt from 3rd-year report of the DTFDV

For more information on these and related issues, please visit the National Center's web site at www.ncdsv.org

CONTINUUM OF SEXUAL AGGRESSION

Sexual assault is not an isolated act; it is on a continuum with (related to) other common events/activities, both illegal and legal.

Offenders may act out the whole continuum.

Although it may be unacknowledged or not experienced as distressful, most women have experienced some act that falls within this continuum.

The common denominator for this continuum is lack of respect.

Suggestive looks
Sexist comments, jokes
Verbal harassment
Harassment
Obscene phone calls
Peeping
Exposure
Frottage
Sexual Assault
Aggravated Sexual Assault
Sexual Assault/Murder



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Statement of Kristen Houser

Vice President, National Alliance to End Sexual Violence

SUBMITTED FOR INCLUSION AS TESTIMONY FOR THE RECORD TO:

Total Force Subcommittee of the House Armed Services Committee

United States House of Representatives

**The Honorable John McHugh, Chairman
The Honorable Vic Snyder, Ranking Member**

**Hearing on Sexual Assault Prevention and Response in the Armed Forces
June 3, 2004**

Mr. Chairman and distinguished members of the Subcommittee,

Thank you for the opportunity to address you on behalf of the National Alliance to End Sexual Violence (NAESV). The NAESV, formerly the National Alliance of Sexual Assault Coalitions, is a social change organization dedicated to creating a social, political and economic environment where sexual violence no longer exists. Our Board of Directors consists of leaders of state sexual assault coalitions, sex offender treatment providers, law and policy experts, and others dedicated to eradicating sexual violence.

The National Alliance to End Sexual Violence is pleased that steps have been initiated to address sexual assault in the military. The Department of Defense "Care for Victims of Sexual Assault Task Force Report" outlined numerous areas in need of improvement including data collection and analysis on sexual assault victimization experiences, policies and programs to coordinate care for sexual assault victims, addressing privacy and confidentiality concerns for victims, and the lack of a clear definition of sexual assault for military personnel. The DoD Task Force Report offered recommendations to be addressed in the immediate, near and longer-term future to improve the ability of the military to respond to and prevent sexual assault. While the DoD Task Force Report references the importance of "sexual assault prevention," "offender accountability," and "community safety" repeatedly, the National Alliance is very concerned that these terms have not been accurately defined, and that activities discussed under those terms in the Task Force Report do not actually prevent sexual assault, hold offenders accountable, or

ensure the safety of the community. Additionally, we are concerned that priority was not given to meeting the immediate needs of sexual assault victims currently serving in the theatre of operations, and that the report does not explicitly recommend the development of an infrastructure of law and policy to ensure standardized care, appropriate investigation, and privacy for victims. Our concerns are outlined in more detail below:

1.) Problems with the discussion of "sexual assault prevention" were evident throughout the report.

- a. Effective prevention efforts require a baseline knowledge about what it is that is to be prevented
 - i. The DoD report repeatedly stated that data is not collected uniformly, actual incidence cannot be determined, and trends cannot be determined
- b. Effective prevention efforts require knowledge of current incidence and trends of *perpetration*, which is very different from data on victimization.
 - i. The DoD Task Force Report only discussed attempts to track victimization, and did not cite any attempts, or a need, to track information on perpetration
 - ii. The DoD Task Force did not include any sex offender treatment providers, nor anyone with expertise on sex offender behaviors and patterns to inform the discussion on prevention.
- c. When discussing sexual assault *prevention*, the DoD report referenced activities which are more accurately described as "risk reduction." These activities are focused on providing information to people to use in order to lessen the risk that they will be victimized.
 - i. This approach does not address the role of the perpetrator, and in fact, renders him nearly invisible.
 - ii. This approach is often misleading and may inaccurately give the perception that the responsibility for preventing a sexual assault lies with the victim.
- d. Though the DoD Task Force Report correctly identified factors associated with increased risk of victimization, the factors themselves were not fully or accurately interpreted to properly inform prevention efforts.
 - i. As stated in the Task Force Report, research indicates that youth is positively correlated with first sexual assault victimization experiences;

however, the report did not include information on the correlation between youth and perpetration of sexual assault. Research on incarcerated sex offenders and undetected sex offenders indicates that sex offenders begin their offending behaviors prior to age 18. (Lanning, K, 2001; Abel et al 1987).

- ii. As stated in the Task Force Report, research indicates that the use of alcohol is positively correlated with sexual victimization experiences; however, the report did not include information on the correlation between the use of alcohol and perpetration of sexual offenses. Research on incarcerated sex offenders and undetected sex offenders indicates that sex offenders use alcohol (and other substances) deliberately and instrumentally to aid in the facilitation of sexual assault (Lisak, D. and Miller, P., 2002; Lisak, D and Roth, S., 1990,1988). Alcohol does not cause an otherwise non-dangerous person to commit a sexual assault. Rather, offenders use alcohol and other substances in several deliberate ways: to incapacitate their chosen victim or impede the ability of the victim to resist the assault; to have a kind of "insurance policy" to excuse their behavior if they are caught (Lisak, D., personal communication, February 13, 2004; Lisak, D., 1999); to lower any inhibitions they may have about carrying out their intentions and committing the assault.

2.) The discussions of "offender accountability" and "ensuring community safety" were problematic throughout the report.

- a. The exclusion of information on sex offender behaviors and patterns limited the ability to adequately address these issues. Efforts to enhance a community's safety cannot overlook the following:
 - i. Research indicates that most sex offenders are repeat (or "serial") offenders, including research on the sexually aggressive behaviors of navy recruits (Abel et al, 1987; Colorado Dept. of Corrections, 1999; Lanning, K, 2001; Lisak, D, 1999; Merrill, Hervig, Newell et al, 1998;).
 - ii. Research indicates that the majority of sex offenders exhibit some kind of "cross over" in their victimization patterns. This means they sexually assault people with whom they have various relationships (stranger, know-by-sight, peers, acquaintances, spouses, family members), of varying ages (adults, children, teens), and sometimes of both genders

(Abel et al, 1987; Colorado Department of Corrections, 1999; Lanning, 2001; Lisak, 1999).

- iii. Research indicates that people who commit sex offenses are also likely to batter their partners and abuse children physically and sexually (Bergen, 1999; Lisak, 1999).
- b. The DoD Task Force Report discussed "alternative" methods of holding offenders accountable that are unique to the military. These options include reduction in or forfeiture of pay, assignment of extra duties or training, administrative actions, withdrawal or withholding of privileges, reassignment or transfer actions, bars to reenlistment, changes in security classification, career field reclassifications, and reprimands, admonishments, censures, and rebukes.
 - i. The NAESV seriously questions the ability of any of these measures to effectively interrupt or end a pattern of sexual offending.
 - ii. The NAESV seriously questions the likelihood of any community in the United States accepting these options as appropriate sex offender interventions. We do not believe that communities would respond positively to a civilian judge simply docking a rapist's or child molester's pay, ordering a rapist or child molester to change their job status, attend additional training, or be assigned additional job duties, or merely be subjected to a variety of "reprimands, admonishments, censures, and rebukes." Citizens of the United States were outraged to discover that reprimands and reassignments were deemed "appropriate interventions" for clergy members who perpetrated sexual assault. The "Catholic Church Abuse Scandal" has clearly demonstrated the damaging and dangerous ramifications of these inadequate actions, as they did nothing to stop the offenders from abusing more victims.

3.) The dilemma of how to balance the need for confidential and private support services for victims with the commander's "need to know" presents its own set of barriers to ensuring community safety and offender accountability, in addition to compounding the trauma experienced by many victims.

- a. The DoD Task Force Report repeatedly noted that the lack of confidentiality within the military for victims is a major impediment to victims' willingness to report the sexual assault or to seek any kind of medical or emotional care after the assault due to mandated reporting requirements. Some civilian communities

have adopted "blind reporting" systems, or "third party" reporting systems to allow law enforcement to get information on the incidence and trends of sexual violence in their communities while affording privacy and confidentiality to victims. This option was not mentioned at all in the Task Force Report.

- b. As discussed in the previous section, the current methods of holding military offenders accountable and ensuring community safety are unlikely to actually achieve either of those goals. The NAESV suggests that the commander's "need to know" in order to ensure community safety and offender accountability should not be considered a significant reason to deny confidential or private services to military victims of sexual assault until accountability practices are changed to actually interrupt and end sexual offending patterns.
- c. The NAESV supports the development of a privacy privilege or nondisclosure policy to expand victim access to medical care, emotional support, and psychological care.

4.) **The NAESV is very concerned about the recommendation made throughout the report that military establishments enter into formal Memorandums of Understanding (MOUs) with civilian based rape crisis centers as a way to meet victim advocacy and support service needs.** Federal grants that fund civilian rape crisis centers require that services be private and confidential. Individual states may also provide funding with these stipulations, and some states have passed laws to protect the communications between staff at rape crisis centers and all victims. However, the military Manual for Courts Marshal, Rule 513, does not protect these communications, and establishes the commander's "need to know" for all incidents of military sexual assault, domestic violence and child abuse. While local rape crisis centers currently serve victims of sexual assault who seek them out, they are not operating under formal MOUs. We are concerned that formal MOUs will not acknowledge private communications for victims of these crimes, and may therefore put local rape crisis centers in jeopardy of losing funding, or being the subject of litigation should a victim seek legal recourse to address violations of her privacy.

5.) **The NAESV is concerned that the importance of addressing victim misconduct was highlighted throughout the report, but the importance of addressing other misconduct not directly implicated in specific sexual assault cases is being overlooked.** The well documented practice of military personnel frequenting strip clubs, brothels and other venues that support commercial sex acts, particularly those located

near military bases overseas in countries such as Korea, was not mentioned in the DoD report, despite the fact that the U.S. Military has clear guidelines forbidding such activity (Vinson, 2004; "Military Blames Lap Dances," 2004; "Local Film Series," 2003; "Base Instincts," 2002; "Sex Slaves," 2002; "Off Base Behavior," 2002). Finding 29 in the DoD report stated that commanders feel very strongly about forcefully deterring alcohol and "improper personal relationship" offenses because they can often be contributing factors in more serious crimes such as sexual assault. Enforcing the ban on strip clubs, "juicy bars," brothels and other commercial sex venues is of particular importance when addressing factors that contribute to sexual assault. The environment in these establishments normalizes, sanitizes and reinforces rape myths (such as "all women want sex" and "men are entitled to sexual access to women"), sexual aggression, exploitation and abuse.

- 6.) **The DoD Sexual Assault Task Force Report did not prioritize the needs of sexual assault victims currently serving in the theatre of operations.** These victims have immediate need of rape evidence kits, and supplies to test for pregnancy, and sexually transmitted infections and viruses, including HIV, emergency contraception and medication. The fact that these victims are in these locations only increases the need to have access to victim advocates, victim witness liaisons, and protocols for safe transportation. The NAESV strongly supports immediate actions to provide these supports to victims in the theatre of operations.
- 7.) **The DoD Report noted many discrepancies and misunderstandings among military personnel regarding the definition of sexual assault versus the definition of sexual harassment and other offenses, but stopped short of recommending that sexual assault be clearly defined within the Uniform Code of Military Justice.** The National Alliance to End Sexual Violence favors immediate action to amend the Uniform Code of Military Justice to include a definition of sexual assault consistent with Federal criminal statutes. The creation of a clear definition will help guide decision making by commanders, investigators, medical personnel and other military support personnel; will create clear and consistent definitions of behaviors to utilize in rape prevention efforts; will enable data collection and analysis to be comparable to civilian based studies and therefore be more useful in determining trends and characteristics unique to military and civilian populations.

The National Alliance to End Sexual Violence recognizes that efforts to effectively reduce or eliminate the incidence of sexual assault in any community requires long term commitment to a vast array of activities that must be integrated throughout the culture and practices of that community. We appreciate the time and attention that members of the Task Force contributed while creating this preliminary report, and sincerely hope that we can be of assistance in future efforts to address the issue of sexual assault in the military. We are happy to provide additional information or respond to any questions you may have.

Thank you for the opportunity to submit written testimony.

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**Statement of Christine Hansen
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**Submitted for Inclusion as Testimony for the Record to:
The Honorable John McHugh, Chairman, Total Force Subcommittee, Armed Services
Committee, U. S. House of Representatives, Hearing on Sexual Assault Prevention and
Response in the Armed Forces, June 3, 2004**

Mr. Chairman and members of the Subcommittee. Thank you for the opportunity to address you on behalf of The Miles Foundation.

The Miles Foundation is a private, nonprofit organization providing services to victims and survivors of interpersonal violence associated with the U. S. Armed Forces; supporting research; furnishing training and technical assistance to military personnel and civilian service providers and criminal justice professionals; initiating public education campaigns; and serving to ensure that public policy is well-informed and constructive.

The Foundation has provided services to over 20,000 survivors of interpersonal violence associated with the military including 11,000 survivors of intimate partner violence, over 6,000 survivors of sexual violence and 3,000 victims of child abuse and neglect since 1996.

The Miles Foundation has received reports of 178 credible cases of sexual assault occurring in Iraq, Kuwait, Afghanistan and Bahrain. Forty-nine survivors have reported the incidents to military authorities including command, chaplains, military criminal investigators and security forces.

The Miles Foundation has also received reports of 457 credible cases of sexual assault associated with U. S. military installations, CONUS and OCONUS, during the same period. Also, thirty-five current or former cadets of the military academies have sought information, assistance and advocacy from the Miles Foundation.

Sexual violence associated with the military presents unique challenges for victims, offenders and community safety.

The common threads include:

- accessibility to medical care and services including testing for STIs, HIV and pregnancy;
- availability of emergency contraception and medication;
- availability of mental health counselors and/or rape trauma specialists;
- accessibility and availability of chaplains;
- accessibility and availability of victim advocates, victim witness liaisons, and attorneys;
- availability of information as to the rights of victims;
- accessibility and availability of rape evidence kits and trained personnel to perform examinations and evidence collection;
- lack of or incomplete criminal investigations;

- administrative hearings conducted by command;
- characterization of an attempted to completed rape as "fraternization" and/or "adultery;"
- presence of pornography;
- isolation;
- safety, citing the ongoing presence of an alleged assailant and weapons;
- fear of adverse career impact;
- fear of adverse impact on security clearances; and
- retaliation or retribution by peers and/or command.

The prevalence of sexual assaults in the current theater, Iraq, Kuwait, Afghanistan and Bahrain, precipitated the creation of the Department of Defense Task Force on the Care of Victims of Sexual Assault by Secretary of Defense Donald Rumsfeld. The Secretary charged the Task Force to assess the current state of affairs and submit recommendations for care, services and treatment of sexual assault victims and survivors. The investigation of this force protection issue was timely and welcome.

The Report of the Department of Defense Task Force on Care for Victims of Sexual Assault detailed areas requiring attention and improvement including data collection, policy and program development, coordination of care and services, privacy and confidentiality and a definition of sexual assault. The Report lacks specifics relative to short, midterm and long term recommendations of policy and social change. The Report does not provide pattern or trend analysis and craft a strategic plan.

The Report utilizes terminology familiar to the field of sexual violence throughout. However, the terminology is not properly defined or set in the appropriate context. Thus, the recommendations may not prevent sexual assault, hold offenders accountable, or ensure the safety of the community.

The Report did not prioritize the needs of victims serving in the current theater of operations, Iraq, Kuwait, Afghanistan and Bahrain. The Task Force neglected its principle mission to address the challenges for victims associated with the combat theater. Victims and survivors in deployed units remain unable to access medical care and treatment, rape evidence kits, testing supplies for STIs, HIV and pregnancy, counselors, emergency contraception, reproductive services and transportation. Force protection requires that victims have access to victim advocates, victim witness liaisons, protocols for safe transport and medical care and treatment. Immediate actions must be taken to provide support services to victims in the theater of operations.

The case histories of two survivors illustrate the immediate need for care, services, protection and justice within the current theater.

Beth is a Major in the U. S. Army reserves. During Operation Iraqi Freedom, she was allegedly sexually assaulted by a noncommissioned officer during a scud missile alert. She followed the reporting procedures including the collection of evidence during another scud missile alert. The emergency contraception was "simply handed to me as a lot of pills to take. I went on birth control pills in the event that this happened again." Beth notes "when the evidence

came back, it 'proved' that my attacker had penetrated my vagina. CID came to the assumption that I lied. I did not lie about my attack. I do not recall...." She expresses serious concern "because I cannot identify my attacker, his DNA that was collected after the attack and his DNA on file cannot be used to identify him...another woman should not have to go through what I've been put through. She concludes "I now understand why women will not go to authorities to report sexual assaults. The authorities make you the perpetrator." Recently, she received all the evidence collected via U. S. Postal Service, accompanied by a handwritten note stating that her case was closed.

Laurie is a Sergeant in the U. S. Army recently returned from a tour of duty in Afghanistan. She was allegedly sexually assaulted by a soldier serving with the Coalition. "The clinic was set up for mass casualties and sick call, without the privacy needed for examination of a sexual assault." Laurie was given "a lot of antibiotics, rather than emergency contraception." Further, "mental health cleared me to go forward on missions again, feeling it would be good for me to keep busy. My supervisor felt I would possibly lose it...and I was pulled from going forward. From that time on, I felt I was being treated differently because of the rape." She also recalls "some male soldiers accused me of being at fault for the rape to include making false allegations." She submitted to evidence collection and an investigation by U. S. military authorities noting "each time I had to say, I was raped and where, it was like being raped repeatedly." She was not referred for follow-up tests. In order for her to receive additional testing including HIV, she "has to go on sick call, explain it to at least three different people in the process, and have the change of being overheard by other patients." Laurie's case was turned over to the coalition partner. Her alleged assailant was reassigned to a peacekeeping unit in the Balkans.

The Miles Foundation encourages the adoption of emergency protocols including:

- making rape evidence kits available at the unit level;
- making victim advocates and victim witness liaisons available at the unit level;
- availability of emergency contraception and testing supplies for STIs, HIV and pregnancy;
- supplying personnel with training and education to collect and process evidence;
- ensuring that victims are informed of their rights and the status of any investigations, administrative or criminal;
- crafting a list of senior NCOs who have basic rape crisis training to act as liaison and advocate for victims; and
- predeployment training in sexual assault for leaders.

The Report contains serious flaws relative to sexual assault prevention. Intervention informs prevention and training. Issues relative to data collection, analysis, and trends were reaffirmed, such as lack of uniformity and trend analysis. Risk reduction including battle buddies and lighting appears to be the topic for prevention. The responsibility is placed upon the victim to preclude a sexual assault citing prior victimization, vulnerability, behavior and presence of alcohol.

The Report lacks a discussion of the behavior of a sexual offender including early onset of such behavior, premeditation and drug facilitated assaults. A review of research conducted

within the military departments outlined the sexual aggression evident among male recruits, noting prior nonconsensual sex (Merrill, Newell, Milner, Koss, Hervig, Gold, Rosswork, and Thornton, April 1998).

The presence of alcohol noted in case reviews associated with the Air Force Academy, Pacific Air Command and Army Europe is indicative of drug facilitated assaults. The revictimization of the victim for infractions related to alcohol does not acknowledge its use by assailants to diminish the capacity of the victim to say "no." The availability and utilization of drugs may be limited among military personnel including Rohypnol (Roofies or Ruffies), Gamma Hydroxy Butyrate (GHB or Extasy), and Ketamine Hydrochloride ("K" or Special K). However, alcohol is an ever present factor within the ranks (Department of Defense, 2004). Further, the application of the disinhibition theory by military authorities fails to assign responsibility to the assailant.

The limited acknowledgement of acquaintance rape represents a failure to recognize the predominant type of assault among military personnel, families and partners. The data from several commands illustrates the relationship of victim to assailant as well as familiar location. The data mirrors the prevalence of acquaintance or date rape in the civilian community, seventy-five percent (National Women's Study, 1990). The case history of a survivor serves as an example.

Tobey is a Lieutenant in the U. S. Air Force. She was allegedly sexually assaulted by a fellow officer on a date. Military criminal investigators and JAG officers told her "if I were the defense attorney, I would tell you that you gave the offender mixed signals and that 'no' was not enough." She recalls that she didn't just say "no." She physically held her panties. She salutes her alleged assailant everyday.

The common thread which runs through domestic and sexual violence cases in our armed forces is the revictimization of the victims. The lack of effective responses and protocols has created an atmosphere where female and male reporters are not only endangering their personal safety-they are jeopardizing personal freedom and their careers. In light of the great many sacrifices these women and men make on behalf of our country, the code of silence is unacceptable. Our service women and men deserve better, standards and protocols that protect our service women and men in the manner they protect us, with unrelenting dedication, courage and valor.

Senior leadership should set a standard for behavior and ensure instruction to officers, senior noncommissioned and noncommissioned officers to fully establish a zero tolerance policy. The U. S. Armed Forces must ensure a safe environment for soldiers, sailors, marines, airmen and women, as well as their families and partners.

The Miles Foundation supports the standardization of policies and programs among the military departments in order to ensure victim safety and offender and system accountability. Priority must be given to the barriers which preclude access to services, care and treatment for victims and survivors. The Report did not acknowledge the barriers to services and reporting.

The barriers to reporting for active duty, cadets and family members within the military include mandatory reporting procedures, lack of privacy and confidentiality of communications, fear of adverse career impact and fear of being charged with disciplinary infractions, such as alcohol, drugs, fraternization, or adultery.

The absence of confidentiality is the most significant deterrent to victims reporting abuse to military authorities. The lack of confidentiality may be even more an issue for officers than enlisted women. Although victimization should not adversely affect a woman's career, there is widespread concern as to its impact.

The adoption of a nondisclosure or privacy privilege has been recommended by task forces and commissions for numerous years. In addition, Congress has encouraged the Department of Defense to adopt a nondisclosure policy in order to address this barrier to seeking help, resources and treatment within the Defense Authorization packages for Fiscal Years 1999, 2003 and 2004 (Sense of Congress, 2003; Wellstone, 2002; and Wellstone, 1998).

The Report cited the commanders need to know in support of disciplinary actions and community safety. The options available within civilian community including third party reporting and blind reporting were not reviewed within the Report.

The Miles Foundation supports the adoption of best professional practices evident in the civilian community including Sexual Assault Nurse Examiners (SANEs), Sexual Assault Response Teams (SARTs) and Domestic Violence Response Teams (DVRTs).

The Miles Foundation also supports the recommendations contained within a Congressionally mandated study of military sex crime investigations, *Adapting Military Sex Crime Investigations to Changing Times*:

- guidance against command influence;
- autonomy for military criminal investigators;
- reorganization of military criminal investigative organizations (MCIOs) including the establishment of a headquarters program manager;
- development of installation level sex crime and domestic violence units;
- departmental oversight, following the abolishment of the Board of Investigators;
- special training and experience within the MCIOs;
- consolidated training at the Federal Law Enforcement Training Center (FLETC) with an advanced sex crime course;
- development of a manual for operational procedures;
- changes in titling including probable cause;
- compliance with DIBRS requirements and establishment of a database; and
- establishment of a special agent misconduct reporting system and ethics (National Academy for Public Administration, 1999).

No specific recommendations have been implemented since the release of the report. The development and implementation of DIBRS remains an issue within the military departments.

The Report acknowledges discrepancies within the military services as to a definition of

sexual assault. However, the Report again relies upon training, training and more training to alter the culture without a foundation of law and policy to support social change.

The Miles Foundation recommends the updating of statutes including the Uniform Code of Military Justice, Manual for Courts-Marital and administrative regulations. The review should include, but not be limited to, developing a definition of sexual assault, rape and abuse; a rape shield provision; privacy in cases of sexual assault and domestic violence (Manual for Courts-Marital, Rule 513); and response of military law enforcement at the scene of an incident. The rape and carnal knowledge and sodomy statute should mirror Federal statutes and recent U. S. Supreme Court decisions.

The review of disciplinary actions or alternatives within the Report fails to acknowledge the escalation in offender behavior following limited intervention, such as a reprimand or arrest without charges or prosecution. A review of recent cases of former military personnel administratively disciplined or discharged for sexual assault during active duty, and later charged with violations of civilian statutes of rape, assault and domestic violence would educate and inform (Tampa Tribune, 2003).

The Report lacks sufficient detail as to the development of programs within the Office of the Secretary of Defense and services.

The Miles Foundation urges Congress to build upon the victim advocate program within the Department of Defense, as authorized in 1994 and supported by recent appropriations and protocols, by creating an Office of the Victim Advocate. The Office would restore access to services; standardize protocols among the military departments; reduce the bureaucracy for victims and survivors; and remove barriers to reporting for military personnel, families and partners.

The Office of the Victim Advocate would be located within the Office of the Secretary of Defense. The Office would establish a privacy privilege for victims and survivors. The Office of the Victim Advocate would serve as headquarters program manager; and mirror offices within local and state governments, such as the State of Connecticut and City of New York.

The Office of the Victim Advocate would:

- coordinate programs and activities of the military departments relative to services and treatment for victims;
- serve as headquarters program manager for the victim advocates/victim service specialists authorized by Congress;
- coordinate and navigate services for victims among military and civilian communities;
- reduce the bureaucracy for victims and survivors associated with the military;
- evaluate the prevalence of interpersonal violence among the ranks;
- evaluate the programs established by the military departments providing services to victims of interpersonal violence;
- evaluate the delivery of services by the military departments;
- review the facilities of the military departments providing services to victims;
- review the hotline programs including command and installation hotlines, National

Domestic Violence Hotline and National Sexual Assault Hotline;

- review disciplinary actions;
- establish system accountability standards;
- recommend to the Secretaries of the military departments policies, protocols, and programs to enhance services;
- recommend changes to policies and procedures to address sexual misconduct and intimate partner violence;
- conduct education and training within the military;
- develop protocols for accountability of commanders in response to incidents of violence;
- report annually to the Secretary of Defense relative to an assessment of the current state of affairs within the military departments and propose initiatives to enhance the response of the military departments;
- report annually to Congress relative to the current state of affairs and propose initiatives to enhance the response of the military departments;
- serve or designate a person to serve on the fatality review panel;
- conduct training and technical assistance to commands, Family Advocacy Program, victim witness assistance liaisons, commissions, medical personnel, law enforcement, security forces and Judge Advocate General corps; and
- conduct programs of public education.

The Miles Foundation recommends the approval of a \$10 million appropriation for Fiscal Year 2005 to support the Office, contract victim advocates, establish a victim advocate protocol and standardize services, care and treatment among the military departments.

The Office of the Victim Advocate was supported by over eighty local, state and national organizations and several hundred survivors as outlined within *Improving the U. S. Armed Forces Response to Violence Against Women: Recommendations for Change* in 1999.

The Report recommends the development of collaborative partnerships among military and civilian entities through the development of formal Memorandums of Understanding or Agreement (MOUs, or MOAs). The recommendation fails to acknowledge the precarious position that such agreements would force upon civilian law enforcement, municipalities and service providers (Hansen, 2003; and Hansen, 2004). The issue of municipal liability in the case of law enforcement has not been sufficiently researched. The requirements of Federal and state grant programs for service providers preclude such agreements in light of confidentiality requirements for clients including HIPPA regulations.

The Miles Foundation collaborates with anti-violence groups, women's organizations, battered women's shelters, rape crisis centers, prevention specialists, service providers, treatment centers, human rights advocates and activists in order to ensure a full inquiry, adoption of emergency measures and implementation of long term solutions for current and future generations.

Thank you for the opportunity to share information and insight. The staff and volunteers of The Miles Foundation are available to provide additional information or to respond to questions.

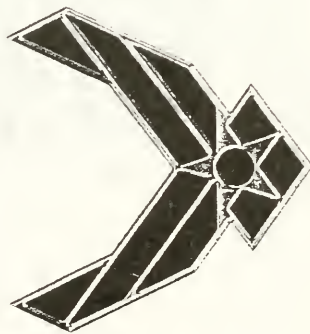
DOCUMENTS SUBMITTED FOR THE RECORD

JUNE 3, 2003

Headquarters U.S. Air Force

Integrity - Service - Excellence

PACAF Sexual Assault Study Briefing Slides



General William J. Begert
Commander, Pacific Air Forces



CORONA Tasker

- CT03T-07
 - Title: Sexual assault / alcohol incident data gathering
 - Action: Based on lessons learned from USAFA experience, PACAF review and / or develop process to capture data and analyze trends regarding sexual assault, alcohol incidents, and other events that reflect on the good order and discipline climate at operational installations.
 - OPR: PACAF, AF/DP
 - OCR: AF/JA, SAF/GC, SAF/MR, AF/XOF, AF/IG, AF/SG, AF/HC
 - Suspense: CORONA South (Feb 04)
-

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PACAF Objectives

1. To develop a "profile" of rape offenses, subjects, and victims in PACAF
2. To evaluate PACAF's ability to respond to rape and sexual assault allegations
3. To assess the application of the Victim and Witness Assistance Program (VWAP) to alleged rape victims
4. To enhance PACAF's ability to prevent rape and sexual assault



Methodology

- Sample group included 92 AFOSI rape investigations involving 106 subjects in PACAF from 2001 to 2003
 - Reports of Investigation (ROI) obtained from archives and studied to understand dynamics of individual offenses and to build a “profile” of alleged rapes in PACAF
 - For each offense, corresponding command action identified
 - Victim support assessed in each case
 - Reviewed relevant AF, PACAF, and wing policies (e.g, dorm, alcohol, curfews, etc.)
-



Methodology

- Reviewed AF VWAP policy and PACAF implementation
 - Wing VWAP policies and practices evaluated to determine compliance with AF policy
 - AF policy studied to determine adequacy for sexual assault cases
 - USAFA consulted on its adjunct approaches to victims



Methodology

- Reviewed comparison data from USAFA and civilian experiences
 - Professional literature
 - USAFA reports (Fowler Commission, SAF/GC Report, media reports)
 - Met with USAFA leadership and staff to compare experiences and cross-feed data and initiatives



PACAF Objectives

1. To develop a “profile” of rape offenses, subjects, and victims in PACAF
- 2.
- 3.
- 4.

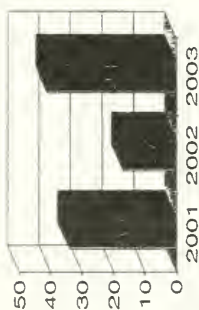


Findings

PACAF Sexual Assault Profile

- Spread out over the three-year period of our study, rape allegations were distributed as shown – not a promising picture
- Possible explanations for 2002
 - Increased OPTEMPO post 9/11
 - Increased deployments
 - Enhanced security

Investigations Opened
(Number of Cases)



Civilian Statistics:

- Nationally, rapes increased 4.1% from 2001 to 2002

- No 2003 statistics available

Source:

U.S. Department of Justice, Bureau of Justice Statistics, *Sex Offenses and Offenders*, 1997



Findings

PACAF Sexual Assault Profile

- Alleged rapes were committed mainly by and against young people
- Subjects and victims mainly junior airmen
- 60% of subjects under age 25
- 82% of victims under age 25

Civilian Statistics:

- 40% of civilian subjects under age 25
- 62% of civilian victims under age 25

Victim/Subject Rank Distribution



Victim/Subject Age Distribution



Women under age 25 were 4 times more likely to become victims of sexual assault.

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Findings

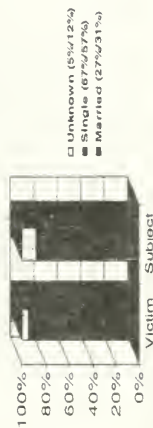
PACAF Sexual Assault Profile

- Alleged rapes were generally committed by a known person
- 17% of subjects / victims had no pre-existing relationship
- Superior-subordinate relationships not a significant finding (contrast USAFA experience)

Victim/Subject Relationship



Victim/Subject Marital Status



Civilian Statistics:

- About 30% of victims ages 18-29 had no prior relationship with the subject

Most rapes are committed by someone the victim knows and likely trusts.



Findings

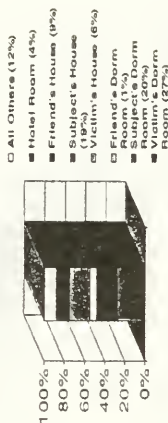
PACAF Sexual Assault Profile

- Korea led in total numbers of alleged rapes
- Alleged rapes were committed mainly in places where the victim was voluntarily present

Geographic Location
(Number of Cases)



Site of Offense



Civilian Statistics:

- Over 60% of alleged rapes took place in a residence

Most rapes committed in places where both the subject and victim were together for a different purpose.

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Findings

PACAF Sexual Assault Profile

- Alleged rapes were generally committed in places where the subject was either invited to be or used no force to enter
- Most allegations did not involve violence or result in physical injury

Civilian Statistics:

- 12% of alleged rapes involved weapons
- 80% involved physical force
- 40% of victims suffered collateral injuries

Forced Entry to Premises



Force Used in Offense



The image of the knife-wielding rapist is a myth. Most alleged rapes were committed without force sufficient to result in physical injury to the victim. Only 1 alleged rape involved use of a weapon.

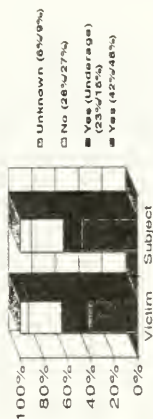


Findings

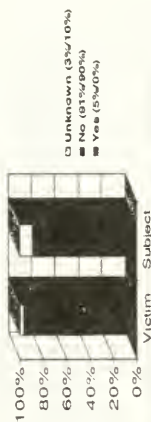
PACAF Sexual Assault Profile

- Alcohol involvement was a major factor in the rape allegations studied
 - Over 60% of subjects had consumed alcohol prior to the alleged offenses
 - Almost the same proportion of victims used alcohol before the offenses
- Drugs were not a significant factor

Alcohol Involvement



Drug Involvement



Civilian-Statistics: None available

Alcohol consumption is a high-risk activity that weakens or eliminates a subject's better judgment and a victim's will and ability to resist or object.

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Summary of Findings

PACAF Sexual Assault Profile

- Factors common to alleged rapes in PACAF
 - Alleged rapes in PACAF were committed primarily by young airmen against young airmen
 - Over 80% of PACAF rape suspects and victims knew each other prior to the alleged offenses – very rarely are rapes committed by total strangers
 - Most alleged rapes were committed in places both the victim and the suspect were voluntarily present
 - Most alleged rapes occurred in either the victim's or suspect's dorm room or house
 - Very few alleged rapes involved forced entry to the premises
-



Summary of Findings

PACAF Sexual Assault Profile

- Factors common to alleged rapes in PACAF (cont.)
 - Most alleged rapes did not involve force sufficient to cause visible physical injury to the victim
 - Abuse of authority was not a significant factor in PACAF rape allegations
 - Alcohol was a prominent factor in PACAF rape allegations
 - Weakened or eliminated subject's judgment and victim's ability to resist or object



PACAF Objectives

- 1.
2. To evaluate PACAF's ability to respond to rape and sexual assault allegations
- 3.
- 4.

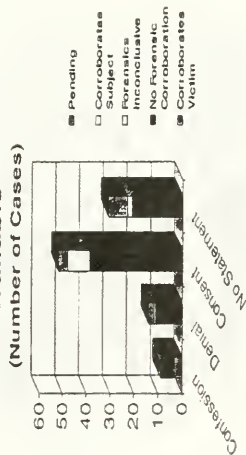


Findings

PACAF's Ability to Respond

- Air Force or civilian law enforcement authorities' ability to prosecute depended on the strength of the evidence
- Most alleged rapes studied involved "he said, she said" disputes between victim and subject

Forensic Evidence Available
(Number of Cases)



Civilian Statistics: None available

Rapes are difficult to prosecute because there are usually no witnesses and the only physical evidence available supports both consensual and nonconsensual sex; ...

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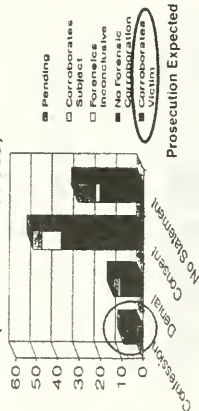


Findings

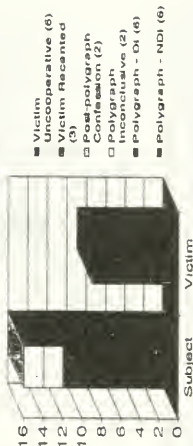
PACAF's Ability to Respond

- Prosecution in such cases depends on "tie-breaker" evidence such as physical evidence supporting the victim's story or the corroborating testimony of a witness

Forensic Evidence Available
(Number of Cases)



Other Evidentiary Issues
(Number of Cases)



... generally prosecution is possible only when the subject confesses or when forensic evidence corroborates the victim's testimony.

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Findings

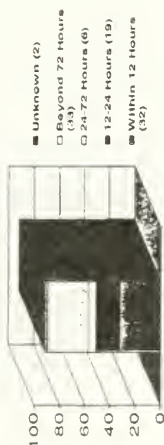
PACAF's Ability to Respond

- The ability to collect forensic evidence is directly related to the speed with which the victim reports the alleged offense

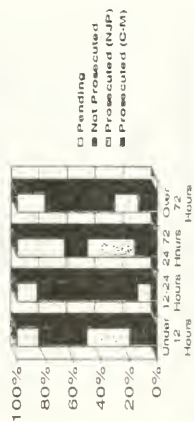
- In about 36% of all cases studied, the victim waited over 72 hours to report the alleged offense

Civilian Statistics: None available

Victim Reporting Delay
(Number of Cases)



Relationship Between Reporting Delay and Prosecution



Law enforcement's ability to obtain forensic evidence is directly related to how quickly the victim reports the alleged offense – the longer the delay, the less likely the case can be prosecuted.

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Findings

PACAF's Ability to Respond

■ Given the difficulty of prosecuting alleged rapes and based on our analysis of the evidence, we expected to see prosecutions only when the subject confessed or forensic evidence corroborated the victim's story

■ Standard: Evidence "beyond reasonable doubt" that a rape occurred

Disciplinary Action
(Number of Cases)



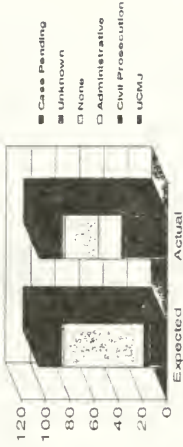


Findings

PACAF's Ability to Respond

- Instead, the data shows that commanders imposed UCMJ punishment in more cases than expected

Disciplinary Action
(Number of Cases)

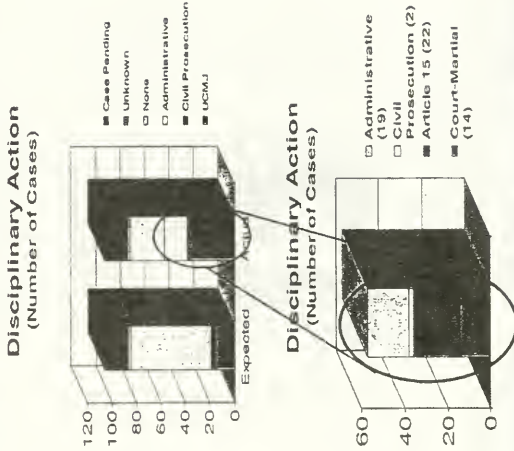




Findings

PACAF's Ability to Respond

- Where evidence of rape was insufficient, many commanders imposed UCMJ or administrative punishment for lesser offenses revealed during the investigation



Civilian Statistics:

1. 35% of alleged rapists were prosecuted (36% in PACAF)
2. 18% of alleged rapists received felony convictions (7% in PACAF)
3. 2.6% of alleged rapists received misdemeanor convictions (22% in PACAF)
4. 14% of alleged rapists were acquitted (0% in PACAF)

Although commanders charged only 12 suspects with rape, over 50% of subjects were held accountable for other offenses arising out of or related to the alleged rapes (e.g. sodomy, adultery, etc.)



Summary of Findings

PACAF's Ability to Respond

- Rapes are extremely difficult crimes to prosecute
- Victim reporting delay further complicates prosecution difficulties
- Despite difficulties of prosecuting rapes, commanders appeared inclined to hold subjects accountable for any offense related to or arising out of rape allegations
- Victims not punished, even if they file false reports



Deficiencies

PACAF's Ability to Respond

- Deficiency: Study team encountered significant data collection problems
- Deficiency: Command action and rationale are often not clearly or completely documented
- Deficiency: Dependents who commit serious crimes in foreign countries sometimes escape prosecution



Recommendations

PACAF's Ability to Respond

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1. Whenever OSI opens rape cases in its database, JA must do likewise.
2. Automated Military Justice Analysis and Management System (AMJAMS) could incorporate a new "alcohol involvement" measurement
3. The "investigation module" in AMJAMS should be used to clearly document commander action and rationale
4. OSD should promulgate its Military Extraterritorial Jurisdiction Act of 2000 regulations so field commanders can return civilian felony suspects to the United States for prosecution



PACAF Objectives

- 1.
- 2.
3. To assess the application of the Victim and Witness Assistance Program (VWAP) to alleged rape victims
- 4.



Findings

Victim Support

- The VWAP program requires victim liaisons (investigators at the investigation stage, JAGs at the prosecution stage) to inform victims of their rights, available support resources, and procedural matters

VWAP Response



Victim Liaison Appointed?
(Number of Cases)



- While basic VWAP requirements were met in many cases, current AF policy resulted in inadequate records

The AF VWAP program was not implemented properly in many cases studied; ...

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Findings

Victim Support

- AFI 51-201 suggests, but does not require, that victims be sent questionnaires soliciting their opinions about the assistance provided.
- In PACAF, only a few bases have adopted such a process

Victim Satisfaction
(Number of Cases)



... however, of victims surveyed, all indicated satisfaction with the VWAP assistance provided.



Findings

Victim Support

- AFI 51-201 contemplates a sequential victim assistance process
 - Some bases reported establishing a continuous, interdisciplinary process involving law enforcement, JA, and mental health representatives from the moment a victim reports a crime until support is no longer needed
- VWAP data is difficult to obtain and is of marginal relevance



Findings

Victim Support

- VWAP places responsibility on victims for seeking care
 - Some bases reported they instituted a “proactive” process wherein counseling services are provided to victims upon reporting a crime
 - USAFA has adopted the Academy Response Team (ART) program as an adjunct to VWAP



Findings

Victim Support

- AF policy does not contemplate offering victims confidentiality – an issue debated in the Fowler Commission and SAF/GC reports on USAFA
 - Our working group preferred the *status quo*; felt offering confidentiality to victims would not be appropriate for the operational Air Force
 - The fact that only one “victim” in PACAF was punished after reporting a rape provides a counterbalance to lack of confidentiality; however, we are not suggesting “victim amnesty” be adopted as a command policy



Findings

Victim Support

- No VWAP-like support offered to criminal subjects
 - Recent Yokota CMSgt suicide highlighted need for support for subjects
 - USAFA ART program designed to assist subjects, too



Deficiencies

Victim Support

- Deficiency: In many cases, continued victim assistance is subject to same evidentiary standard applicable to prosecution decision: if we don't prosecute, the victim is no longer treated as a victim
- Deficiency: VWAP has no required feedback mechanism
- Deficiency: VWAP reporting – consisting of “bean counting” numbers of forms distributed – provides little insight into quality of wing-level programs
- Deficiency: There is no comparable focus on the needs of criminal subjects.



Recommendations

Victim Support

1. Implement in PACAF a Victim Advocate (VA) program either as part of or as an adjunct to VWAP
2. Establish a victim feedback *requirement* in AFI 51-201
3. Conduct a comprehensive survey of past rape victims
4. Require SJAs to document VWAP engagement, including victim exercise of rights and consultation with victim, in AMJAMS or a comparable electronic database
5. Require law enforcement, JA, SG, and HC personnel to engage with rape victims together as soon as possible following the victim's initial report



PACAF Objectives

1. To enhance PACAF's ability to prevent rape and sexual assault
- 2.
- 3.
4. To enhance PACAF's ability to prevent rape and sexual assault

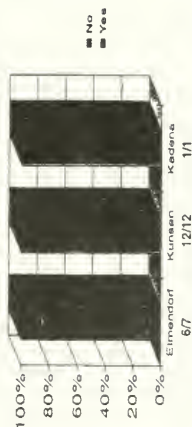


Findings

Enhancing Prevention

- Dormitory alcohol consumption policies
 - One PACAF wing (Elmendorf) has adopted a “dry dorm” policy – no alcohol storage or consumption in dormitories
 - Two wings (Kunsan and Kadena) prohibit consumption of alcohol in dorm hallways and common areas

Dormitory Rapes
Alcohol Involvement



No apparent correlation between dormitory alcohol consumption policy and incidence of rape offenses

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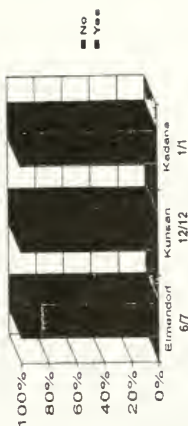


Findings

Enhancing Prevention

- Dormitory alcohol consumption policies (cont.)
 - Six wings regulate only underage alcohol consumption; airmen who exceed the legal drinking age may consume alcoholic beverages in their dorm rooms, hallways, and common areas

Dormitory Rapes
Alcohol Involvement



No apparent correlation between dormitory alcohol consumption policy and incidence of rape offenses

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Findings

Enhancing Prevention

- Dormitory co-ed visitation and commingling policies
- All PACAF bases have attained or are close to achieving 100% unit dormitory integrity
- All PACAF wings require single or unaccompanied E-1s – E-4s to live in the dorms
- Three PACAF wings (Kunsan, Osan, Yokota) require squadron commanders and first sergeants to patrol their dormitories on a routine basis; one (Elmendorf) has a CQ program placing NCOs in the dorms over weekends



Recommendations

Enhancing Prevention

1. Prevention of sexual assault starts with leadership
 - Educate commanders on factors involved in sexual assault
 - Commanders must visibly support prevention and appropriate punishment
 2. PACAF should establish a minimum-standard sexual assault awareness program with the following objectives:
 - Helping men and women identify and avoid high-risk situations (prevention)
 - Helping women respond quickly and appropriately if they become victims (response)
 - Deterring men from engaging in sexual offenses (deterrence)
-



AF Way Ahead

■ Data collection and reporting policies

- Need to enhance "complaint to action" reporting
 - OSI, SF, and JA databases, expanded and working together, could satisfy this requirement
 - Command action (including non-prosecution decisions and administrative actions) could be recorded in JA database
 - Alcohol involvement in crime is a significant issue; need to track as a special interest item so we can determine the true extent of the problem

■ Consider VWAP policy changes to enhance victim support, increase and improve record keeping, and establish a mandatory victim feedback mechanism

- Requires an interdisciplinary approach, including JA, OSI, SF, and SG
- Consider USAFA lessons learned, study possible importation of ART as part of operational AF VWAP or as a collateral program
- Need to examine support of criminal subjects



AF Way Ahead

- Track Military Extra-territorial Jurisdiction Act (MEJA) progress for dependent felony misconduct
- Educate airmen – establish an education program to enhance prevention, response, and deterrence
 - Tailor briefings for audiences including trainees, airmen in operational AF, and commanders
 - This also requires an interdisciplinary approach to instruction (JA, SG, OSI, SF)



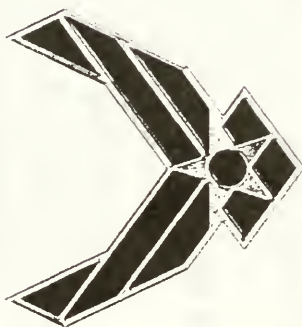
CORONA Tasker

- CT03T-07
 - Title: Sexual assault / alcohol incident data gathering
 - Action: Based on lessons learned from USAFA experience, PACAF review and / or develop process to capture data and analyze trends regarding sexual assault, alcohol incidents, and other events that reflect on the good order and discipline climate at operational installations.
 - OPR: PACAF, AF/DP
 - OCR: AF/JA, SAF/GC, SAF/MR, AF/XOF, AF/IG, AF/SG, AF/HC
 - Suspense: CORONA South (Feb 04)
-

Headquarters U.S. Air Force

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Sexual Assault -- Prevention and Response



Maj Gen Roger A. Brady
Special Assistant to CSAF
Force Development

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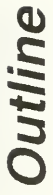
Decision

- Approve major components of campaign plan
 - Enhancing Policy and Leadership
 - Improving Training
 - Enhancing Reporting
 - Improving Response
 - Responding to AEF/Remote Challenges
- Approve Campaign Plan timeline
- Hold 4-star summit to validate final campaign actions



Key Points

- Sexual assault issue more complex than it initially seemed
- Commanders key to success
 - Currently working issue, but will need help
 - Seeing & understanding the problem are challenges
- Sexual assault is a societal problem – so will require a positive, ongoing effort to instill and foster the culture of professional Airmen





Sexual Assault -- Tasking

- Objective: assess AF sexual assault prevention and response capabilities; provide recommendations for improvement
- MAJCOMs: conducted self-assessment based on Vice Chief 24 Feb 04 memo – 5 focus areas
 - Education and Training
 - Reporting
 - Response Programs
 - Program Oversight
 - Recommendations
- HAF: formed IPT to ...
 - Synthesize MAJCOM self-assessments
 - Conduct corporate and university benchmarking
 - Contribute to and review OSD draft Sexual Assault report
 - Engage Sexual Assault subject-matter experts (external to AF)
 - Conduct review of HAF-level policies
 - Capture findings and develop recommendations



Participants

MAJCOM/DRU

- AMC
- ACC (+CENTAF)
- AETC
- ANG
- AFMC
- AFSOC
- AFSPC
- USAFA
- USAFE
- PACAF
- AFRC
- 11th Wing

Air Force IPT

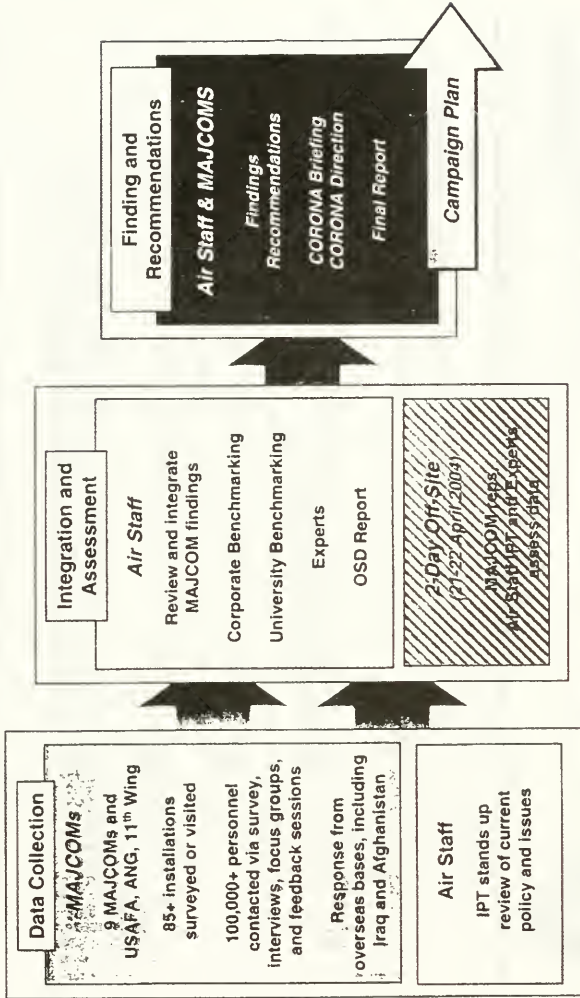
- SAF/MR
- SAF/PA
- AF/DP
- AF/XOF
- AF/HC
- AF/JA
- SAF/CZ
- SAF/GC
- AF/CCC
- AF/RE
- AF/OSI
- AF/SG
- ANG

External Subject-Matter Experts

- Ms. Anne Munch – Director, Ending Violence Against Women Project; Prosecutor
- Dr. David Lisak – Forensic Consultant; expert on “Undetected Rapists”
- Ms. Christine Hansen – Miles Foundation (telephone interview)
- Ms. Deborah Tucker – Executive Director, National Center on Domestic and Sexual Violence; Co-Chair, DoD Domestic Violence Task Force
- Dr. Heather Schumacher-Karjane – Expert on campus sexual assault



The Process





Outline



■ Major Findings





Major Findings

- Policy -- No cogent AF-wide sexual assault policy
 - No single office designated to develop, promulgate & maintain policy
 - Key sexual assault terms/concepts require definition
 - e.g. sexual assault v sexual harassment; liaison v advocate; confidentiality, privacy, and anonymity
 - Lack compelling message ... policy key to message
- Commanders unaware of prevalence of sexual assault problem
 - Sexual assaults underreported – mask issue
 - Commanders deal with sexual assaults on case-by-case basis ... not as cultural issue
 - Databases inadequate for trend analysis/oversight



Major Findings

- Education, training and prevention -- primarily focused on sexual harassment in the workplace -- not sexual assault
 - No clear sexual assault policy / message reflected in current training -- sexual assault education sporadic
 - Functional managers focus on assault "response" not "prevention"
 - Need creative, targeted training programs to shift cultural thinking -- today's "power point" methodology not effective
- Confidentiality -- victim's lack of privacy most frequently quoted barrier to reporting sexual assaults
 - How many AF sexual assaults go unreported?
 - Key Issue: balancing CC's responsibility for maintaining good order/ discipline with victim needs
 - Lack of confidentiality enables other reporting barriers (e.g. stigma, shame, fear, re-victimization)



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Major Findings

- AEF/remote environment -- creates unique challenges for sexual assault prevention and response
 - ~40% of deployed CCs are not CCs at home station
 - Loss of unit integrity impacts continuity of programs
 - Non-AF command structure may inhibit reporting
 - Close living environment magnifies "fishbowl"
 - Investigation, medical and lab processing issues exacerbated
- Resources – MAJCOMs concerned about "out-of-hide" solutions
 - Need to wrap sexual assault initiatives with similar programs, e.g. domestic violence, sexual harassment
- "Environmental issues"
 - Prevalence of alcohol and sexual assault incidents
 - Concern about dorm policies, MWR promotions, etc.



Outline



■ Benchmarking





The College Environment

- Colleges and AF share common characteristics
 - Large, concentrated numbers of young adults
 - Living and working together -- first time on own
 - Pervasive use of alcohol
- Age ranges of victims and offenders similar
 - Average age of AF victims: 22 yrs; AF offenders: 24 yrs
 - Average age range of college study populations: 16-24 yrs
- Alcohol a contributor to sexual assaults
 - 69% of AF offenders and 57% of AF victims consumed alcohol
 - Heavy/binge drinking commonplace on college campuses
- Most offenders known by victim
 - In AF, 85% of offenders known by victim
 - In college studies, 80% to 90% of offenders known by victim



FOUO

The Prevalence of Rape As Reported by Dr. David Lisak

- Sexual assault ... a pervasive crime in the United States

<i>Female College-Aged Respondents Victimized by Completed Rapes</i>		
<i>Study Authors</i>	<i>Year</i>	<i>Percentage</i>
<i>Fisher et al.</i>	2000	14.8%
<i>Brenner et al.</i>	1999	20%
<i>Koss et al.</i>	1987	19%

- As many as 1 in 4 (24%) college-aged women have experienced some form of completed rape or attempted rape (Fisher study)

“Sexual violence on this scale can only exist in a culture that facilitates it” (David Lisak, The Undetected Rapist)

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As Reported by Dr. David Lisak

RAPIST PROFILE #2



Reality

- Nice Guy Image
- Unpremeditated
- Won't Happen Again
- "Drank Too Much"
- Miscommunication
- Knows Victims
- Calculated Force
- All Races/Ethnicities
- Consensual Sex
- Seldom Incarcerated
- Serial Offender
- Alcohol as Weapon

95%

NON-STRANGER RAPIST

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Cultural Aspects of Rape

As Reported by Dr. David Lisak



- Characteristics of Core Sex Offenders
 - See "intimate" violence as normal
 - Have deficits in empathy
 - Believe in rape myths
 - Hyper-masculine attitudes
 - Angry at women & need to dominate
- Facilitators perpetuate an environment that allows core sex offenders to assault
 - Reinforce negative behavior
- Bystanders have knowledge of incidents & dangerous environments, but fail to act
- Core Sex Offenders can't be rehabilitated by education or other forms of outreach; they must be isolated from their peers and the community

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Slide 17



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The Scope of Sexual Assault

Difficult to Quantify

- Most college-aged victims DO NOT REPORT incident
 - College reporting rates at or below 5% (*Fisher, Koss studies*)
 - FBI: "most underreported violent crime in the nation"
 - Low reporting rates create false sense of security
 - DoD IG survey on USAFA indicated 81% of sexual assault incidents were not reported
- Common barriers to reporting in AF and colleges
 - Shame and self-blame
 - Victim violated institutional policy (e.g. alcohol, drugs)
 - Lack of confidential reporting process
 - Do not want to be seen as victim

***Similar to colleges ... majority of AF sexual assaults
probably never reported***



Outline



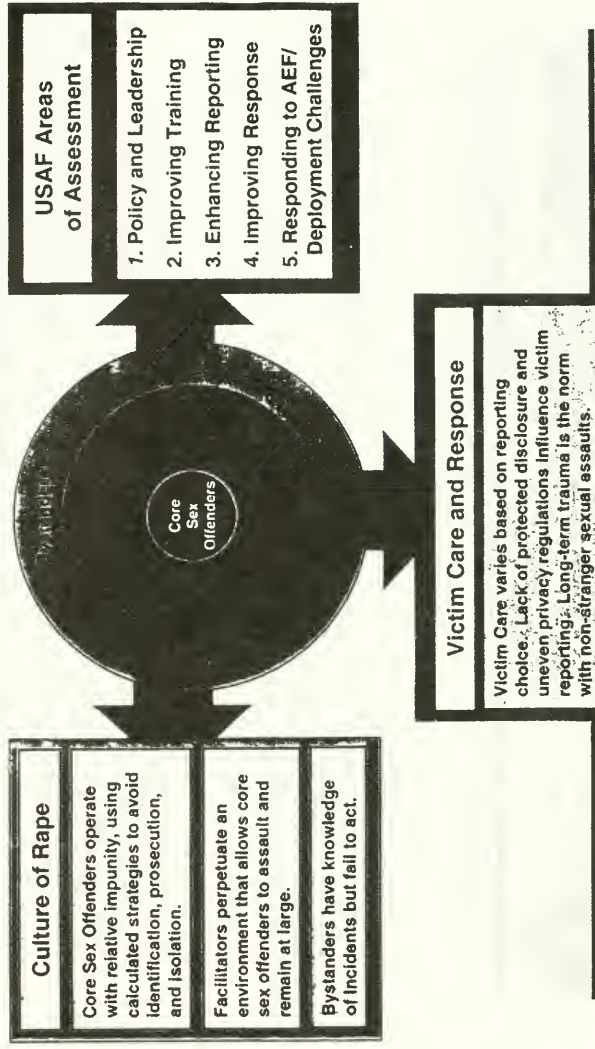
■ Recommendations



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Assessing the Challenge of Sexual Assault





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Improving Policy and Leadership

Observations

- No cogent AF-wide sexual assault policy
 - No office designated to develop, promulgate and maintain policy
 - Key terms / concepts require definition
 - AF lacks compelling message opposing sexual assault – defining a policy foundation to the message
- MAJCOMs concerned about “out of hide” solutions

Recommendations

- Identify OPR to oversee development and promulgation of policy
 - Designate OPR for implementation (Air Staff to Wing)
- Develop prevention and response policy
 - Focus on cultural and institutional change
 - Define key terms and concepts
 - Emphasize total force, joint, DoD solutions
- Develop communications strategy
 - Re-orient AF culture into proactive force
- Identify resource needs
 - Sustain continuous and consistent prevention and response programs



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Improving Policy and Leadership (con't)

Observations

- Commanders unaware of prevalence of sexual assault problem
- Databases inadequate for senior-level trend analysis / oversight
- Focus Groups cite other "environmental issues" as concern
 - e.g. dorm policies, alcohol, on-base recreation

Recommendations

- Educate – nature of crime, criticality of culture of Airmen
- Promulgate new AF policy throughout command structure
- Integrate reporting and tracking databases
 - Derive enterprise wide database for info sharing and program management
 - Needed for MAJCOM-level and higher
- Review Air Force "environmental" issues
 - Examine existing dorm and alcohol policies, plus MWR program content

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Improving Education and Training

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Observations

- Prevention, education & training focused on sexual harassment in the workplace
 - No clear sexual assault policy / message reflected in current training
 - Functional training focused on response, not prevention
 - Current training methods not effective – need creativity to counter sexual assault

Recommendations

- Develop education and training strategy
 - Establish minimum training baseline to sustain total force, multi-tiered program for all personnel (recruits to senior leaders)
 - Ensure common message known by all
 - Create interactive training programs – no “death by power point”
 - Target career transition points (BMT, AFROTC, OTS, SOS, ACSC, ALS, NCOA, SNCOA, First Sergeant School)
- Enhance training for key first responders
 - Training for personnel taking first reports
 - Reinforce VWAP in existing training
 - Expand training to include Victim Advocates



FOUO

Enhancing Reporting

Observations

- Victim's lack of privacy (confidentiality) most frequently quoted barrier to reporting
 - Significant percentage of AF sexual assaults likely unreported
 - Key Issue: balancing CC's responsibility to maintain good order / discipline with victim needs
 - Lack of confidentiality enables other reporting barriers (e.g. stigma, shame, fear...)

Recommendations

- Develop a system of reporting that maximizes reporting rates
 - Must be worked with OSD
 - Support larger objectives of (1) getting victims into care and (2) isolating offender
 - Explore a reporting mechanism that balances victim confidentiality with CC accountability and responsibility
 - Build victim trust and confidence in system
 - Get AF closer to quantifying full scope of sexual assault issue

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Improving Response

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Observations

- Victim care is inadequate
 - No AF policy on functionally integrated response to victim
 - No required victim support program until Apr
 - No continuity of care
 - Enhanced reliance on community resources
- Current AF response emphasizes investigation & judicial procedure
 - Issues w/ lab processing, inv. timelines
 - Effectiveness of VWAP
- Inconsistent

Recommendations

- Identify OPR for prevention and response
- Establish POC for MAJCOM and local Wing prevention programs
 - Establish Victim Advocate Coordinator
- Fully utilize community resources
- Expand existing relationships with community resources for training and response
- Enhance Legal / Investigative Tools
- Enhance understanding of VWAP
 - Continue improvements to lab processing
 - Funded additional spaces to Army Lab
 - Continue to enhance investigation and prosecution

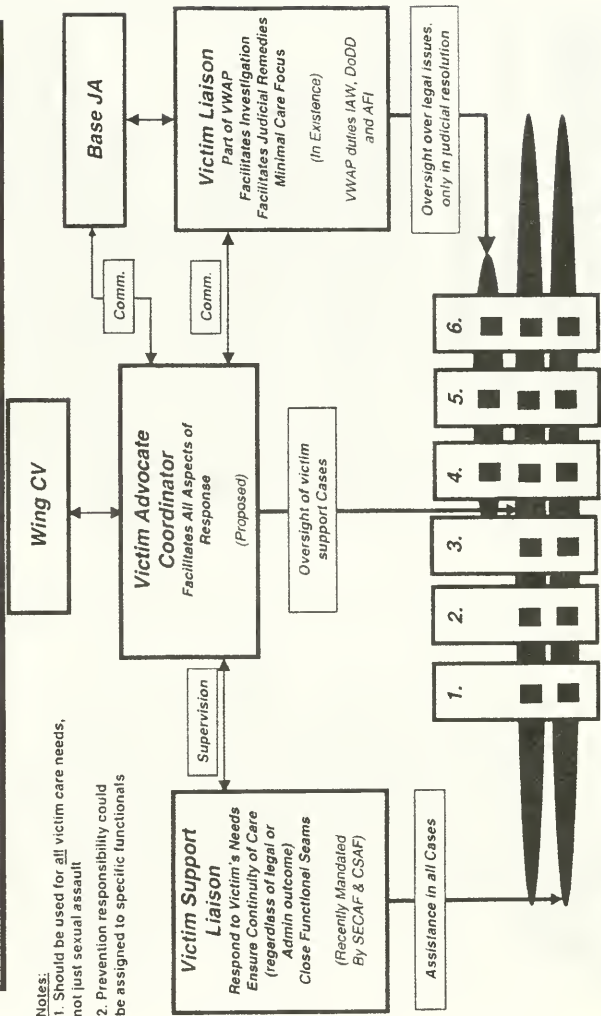
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Slide 25



Victim Advocate Coordinator

An Example



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Responding to AEF/Remote Challenges

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Observations

- AEF/remote construct creates unique challenges for prevention and response
 - 40% of deployed CCs are not CCs home station
 - Loss of unit integrity impacts continuity of programs
 - Non-AF command structure may inhibit reporting
 - Close living environment – “fishbowl”
 - Investigation, medical and lab processing issues exacerbated in AOR

Recommendations

- Standardize sexual assault AEF/remote policies
 - Establish POC for oversight within air component
 - Standardize oversight and accountability in combat environment
- Require mandatory pre- and post-deployment training
 - Ensure all CCs and personnel receive appropriate training – develop scenario as part of AEF work-up
- Engage in integrated joint approach to sexual assault with sister services in a deployed environment

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Actions Already Taken

- Conducted multiple assessments on sexual assault
 - USAFA
 - PACAF
 - AETC (Sheppard)
 - AF-wide assessment
- Sought outside experts to better understand problem
- Established Victim Support Liaison at each base under Wing/CV
 - Provided template, benchmarked from several programs (e.g. Nellis AFB and USAFA programs)
- Sent several strong messages from senior leadership
- Focus of discussion at three “4-star” summits



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Outline



■ Decisions

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5/03

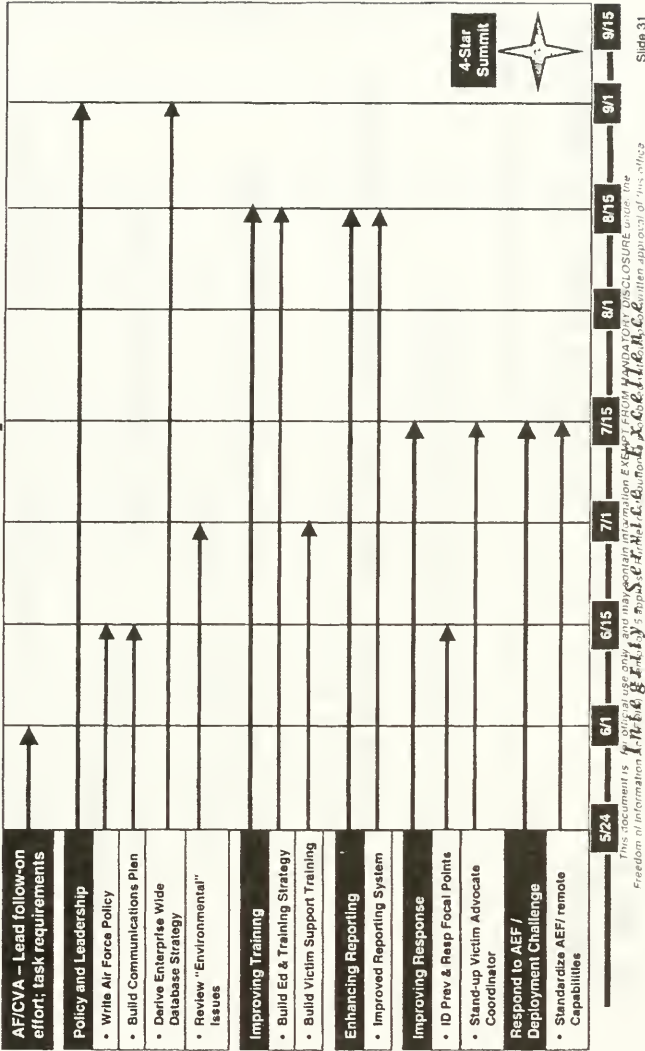
Decisions

- Designate the Assistant Vice Chief of Staff to guide implementation of campaign plan
- Approve implementation of sexual assault campaign plan
 - Improving Policy and Leadership [OPR: SAF/MR] [OCR: DP, GC, JA, IG, SG, AF/CCC, IL, PA, CIPT]
 - Improving Training [OPR: AETC] [OCR: DP]
 - Enhancing Reporting [OPR: SAF/MR] [OCR: DP, GC, JA, SG, IG]
 - Improving Response [OPR: SG] [OCR: DP, HC, GC, JA, IG]
 - Responding to AEF/remote challenges [OPR: ACC/AMC] [OCR: DP, AETC]
- Approve Campaign Plan timeline
- Hold a 4-star summit in 90 days to validate final campaign actions

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Campaign Plan – Proposed Timeline



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DEPARTMENT OF THE AIR FORCE
PACIFIC AIR FORCES

22 Jun 04

MEMORANDUM FOR ALL PACAF NAF AND WING COMMANDERS

FROM: PACAF/CC
25 E Street, Suite G-214
Hickam AFB, HI 96853-5403

SUBJECT: Supplemental PACAF Sexual Assault Action Plan

1. In the two-and-a-half months since my original Action Plan, both the DoD and Air Force have taken our Sexual Assault Study, tested our findings and recommendations against their own data, and validated our conclusions. We also discussed this important issue at our last Commanders' Conference. Finally, we recently asked each of you for a report on your progress toward the original Action Plan's objectives. While I am generally very pleased with the work you've done to implement each action item, there is still more work to do. The purpose of this supplemental action plan is to clarify some of our original action items, synchronize them with subsequent HAF-level guidance, and establish new action items to address issues not covered previously.

2. *Original Action Plan Implementation:* Following are some additional thoughts on how our original action items should be implemented. These suggestions result from some of the good ideas you've put into action, as well as areas where some of you may be missing the mark.

a. ACTION ITEM 1: *All Airmen will be briefed upon arrival and at least annually thereafter on the risks, responses, and consequences of sexual assault. At the Commanders' Conference, we provided you two sets of briefing slides we recommended you tailor to your own circumstances. Many of you have done that and others of you have developed your own briefings. The additional steps I want you to take here are, first, to document completion of those briefings and report them through your staff judge advocate to HQ PACAF/JA. We will soon establish an EDSS metric that reports percentages of installation populations briefed and we'll review it at our Bi-weekly Base Briefings (BBBs). Second, you need to ensure that commanders and first sergeants are participating as briefers. In several of your progress reports, we noted that functional experts were giving some briefings. While they also have an important role in communicating the various messages involved in this issue, it's critical that your unit's leaders set the tone.*

b. ACTION ITEM 2: *All wing staff judge advocates must provide commanders written legal reviews upon receipt of sexual assault reports of investigation.* The reviews we've seen are excellent. The additional requirement here is that a copy of these reviews must be forwarded to HQ PACAF/JA following wing or NAF commander approval.

c. ACTION ITEMS 3 - 6: *Victim Liaison Issues.* As you know, since our original Action Plan, SECAF and CSAF issued a memorandum establishing interim measures for Victim Support. At the recent CORONA Top, the Air Staff briefed its concept for a victim support structure designed to address the issues the PACAF and AF/CV reviews identified. While we await a final approach to dealing with victims of sexual assault, the following clarifications adjust our Action Plan to conform to the SECAF - CSAF memorandum.

1) In our Action Plan, we required that "victim liaisons must serve as victim advocates." When we wrote this, we intended to employ the VWAP victim liaison in a dual role: a person who both informs victims of their rights under VWAP (victim liaison) and assists victims in obtaining necessary services (victim advocate). The SECAF - CSAF memorandum makes it clear that they envision the "victim support liaison" (VSL - our "victim advocate") as someone other than the VWAP victim liaison. This means that for every victim, you must have one VSL who will remain assigned to the victim for as long as needed and a VWAP victim liaison whose job is to provide specific assistance while the case is being investigated or prosecuted. Judging from your feedback during our most recent survey, most of you understand and have implemented this adjustment. If you haven't yet adjusted, please do so.

2) Also in our Action Plan, we did not elaborate on what we meant by the term "advocate" in the job of victim advocate. Although the SECAF - CSAF memorandum now uses the term "victim support liaison" rather than "victim advocate," it's important to note that neither term is intended to imply that this person should in any way represent the victim in the investigative or prosecution processes.

3) Although we have both VWAP victim liaisons and VSLs available to help victims, it's still important for you to take an interdisciplinary, proactive approach whenever a sexual assault is reported. The SECAF - CSAF memorandum reinforces this idea in its VSL Guidelines. Although these guidelines specifically call for including exposure to all functional representatives (SF, AFOSI, JA, SG, etc.) during VSL training, it's also important, as I suggested in Action Item 5, that these representatives meet with the VSL, the victim, or both whenever a victim reports a crime.

The VSL can determine, after discussing the matter with the victim, the appropriateness or timing of such a meeting.

4) Use the SECAF - CSAF VSL Guidelines and adapt them to your circumstances.

5) It's also important that Life Skills/Family Advocacy Officer train your VSLs on how to identify and respond to the emotional state of a victim. This does not mean they should become qualified to provide counseling or any other mental health service - that is not their job. They should, though, know enough to be able to determine when Life Skills intervention is necessary.

d. Alcohol Policy. In my original Action Plan as well as at the Commanders' Conference, I talked about the extent to which alcohol is a factor in sexual assaults and many other crimes. Your SJAs are now tracking and reporting alcohol involvement in all offenses, not just those traditionally considered "alcohol related offenses." We will be following this metric in future BBBs.

e. Dormitory Policies. Some of you have been increasing leadership visits to your dorms and taking other positive steps toward improving our dorm culture. Keep it up. All of you, your group and squadron commanders, and your NCO leadership should be visiting your dorms on a routine basis.

3. Supplemental Action Items: Based on your feedback and the new developments revealed during the DoD and AF task force studies, my staff and I have developed the following new action items. As in our original Action Plan, commanders are directed to implement these actions at each PACAF installation.

a. SUPPLEMENTAL ACTION ITEM 1: Open lines of communication to your local and sister Service victim support agencies. In the course of studying PACAF's experience with sexual assaults and as a result of our interaction with national victim advocacy organizations, we have discovered external resources that are available to our Airmen and us. PACAF installations in US territory have local rape crisis centers, law enforcement organizations, and district attorney offices that generally have more experience dealing with these issues than we do. Many offer victim support services, training programs, and other important resources currently unavailable to us. In overseas areas, the Army, Navy, and Marine Corps offer programs we can draw upon through mutual support arrangements. As we get our programs off the ground, you should consult

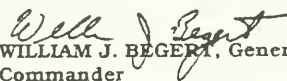
these external resources and use their expertise to help focus your approaches to these issues and to support our victims.

b. SUPPLEMENTAL ACTION ITEM 2: Take all possible measures to protect the privacy of victims. One of the questions with which DoD and HAF are currently wrestling is whether some means of confidential sexual assault reporting will encourage more reporting. While we can't establish a confidential reporting mechanism, we can enhance our Airmen's confidence in the investigation and prosecution processes by protecting the privacy of our victims. The identity of victims should be handled on a "need to know" basis. Only a limited number of people - the absolute minimum necessary to conduct the investigation and prosecution of the case and to provide the victim needed support - should know who the victim is.

c. SUPPLEMENTAL ACTION ITEM 3: Brief all Airmen on sexual assault prevention prior to deployment. In addition to annual briefings, it's important that our Airmen be aware of the sexual assault risks associated with the deployed environment. Include a sexual assault briefing as part of your deployment preparation process.

d. SUPPLEMENTAL ACTION ITEM 4: Crossfeed your good ideas and report your progress quarterly. I noted a number of great ideas in the progress reports your SJAs submitted. I have directed my SJA to establish a website containing relevant DoD, HAF, and PACAF materials; links to civilian websites and resources; and information and ideas you submit for crossfeed. As soon as the website is up and running, I'll provide the address. To keep me informed of your continuing progress in ending sexual assault at your installations, I want you to submit a quarterly report addressing your achievement of each original and supplemental action item. I also want to know how you are addressing my additional concerns about alcohol consumption and dormitory supervision. The recurring suspenses will be 1 January, 1 April, 1 July, and 1 October.

4. Thank you for your support of our efforts to end sexual assault in PACAF.


WILLIAM J. BEGERT, General, USAF
Commander

**QUESTIONS AND ANSWERS SUBMITTED FOR THE
RECORD**

JUNE 3, 2003

QUESTIONS SUBMITTED BY MS. SANCHEZ

Ms. SANCHEZ. During the Total Force hearing on March 24, 2004, I discussed the adequacy of our in-theater sexual assault resources with Secretary Abell. At that time, Secretary Abell assured me that emergency contraception is readily available to our Servicewomen in Iraq and Afghanistan. Since that time, I have heard conflicting reports regarding this and a number of other issues. What is clear is that we are fundamentally lacking a definitive picture about what type of treatment victims are provided.

Consequently, I would like you to provide to this committee, in writing, an overview of the sexual assault services available to women in Iraq and Afghanistan. I would like you to describe the care that is available to sexual assault victims at Combat Support hospitals. Specifically, I would like an in-depth response to the following questions:

How many combat support hospitals and field hospitals are there in Iraq?

Dr. CHU. and Ms. EMBREY. Currently we have three Army Combat Support Hospitals, one Army Field Hospital, and three Air Force Expeditionary Medical Support facilities. Each of these units supports a number of smaller facilities. That number shifts as units move, combine, or separate, so as to maintain proper coverage.

Ms. SANCHEZ. What type of psychological care is currently offered?

Dr. CHU. and Ms. EMBREY. There are four Army Combat Stress Control Units in Iraq, as well as an Air Force Combat Stress Control Detachment. Also, from the beginning of the current deployment, combat stress teams were deployed to address specific Service member concerns. In addition to the medical support, members of the chaplaincy provide rape trauma counseling in theater.

Behavioral health issues, from combat stress to acute anxiety reactions, threaten our troops and we've made a great deal of progress in the areas of prevention, identification, and care of these potential risks. At the request of the Operation Iraqi Freedom (OIF) leadership, General Peake, the Army Surgeon General, sent a 12-person Mental Health Advisory Team to Iraq and Kuwait from August to October 2003, to assess behavioral health care for OIF soldiers and mental health issues. Based on the advisory team's recommendations we have augmented the support available with additional combat stress teams for the OIF deployed force.

When troops redeploy, the health care provider's post-deployment face-to-face health assessment includes discussion and documentation of the individual's responses to the health assessment questions, including mental health issues associated with deployments. Specifically, the form asks, "Are you currently interested in receiving help for a stress, emotional, alcohol or family problem?" and in another question, "Have you ever had any experience that was so frightening, horrible, or upsetting that, IN THE PAST MONTH, you: Have had any nightmares about it or thought about it when you did not want to? Tried hard not to think about it or went out of your way to avoid situations that remind you of it? Were constantly on guard, watchful, or easily startled? Felt numb or detached from others, activities, or your surroundings?" We would expect anyone who was sexually assaulted to respond positively to these questions. Positive responses require further assessment or referral for medical consultation. At that time we would expect sexual assault to be identified. The provider documents concerns and referral needs and discusses resources available to help resolve any post-deployment mental health issues, both near-term and in the future.

Ms. SANCHEZ. How many rape trauma counselors are currently in theater? Where are they located?

Dr. CHU. and Ms. EMBREY. Many of the support personnel in theater are not specifically rape trauma counselors but are trained in that area. These support personnel include social workers, trained victim assistance personnel, mental health personnel, combat stress teams and members of the chaplaincy. Support personnel are deployed throughout the theater.

Ms. SANCHEZ. How are rape kits administered to potential rape victims in Iraq? Are there qualified medical personnel available to administer the kit?

Dr. CHU. and Ms. EMBREY. More than 100 rape kits are available in theater. Kits are kept at the three Combat Support Hospitals and three Air Force Expeditionary Medical Support facilities where personnel are trained in their application.

Ms. SANCHEZ. Is emergency contraception available in theater? If so, where? What type is accessible to our servicewomen?

Dr. CHU. and Ms. EMBREY. When prescribed by a qualified medical professional, emergency contraception is available in theater through combined emergency contraceptive pills, containing high dosages of hormones estrogen and progestin.

Ms. SANCHEZ. If a rape results in a pregnancy, can the victim receive abortion services from military hospitals in Iraq or anywhere else? If not, please explain why.

Dr. CHU. and Ms. EMBREY. DoD complies with provisions of 10 USC Sec 1093, which limits the military health system to fund abortions only in circumstances where the mother's life is endangered if she carries to full term. DoD is, however, authorized to provide non-DoD funded abortion services within its facilities to women who have become pregnant as a result of incest or rape.

It is Central Command policy that all pregnant Service members are medically evacuated out of the Central Command Area of Operations and returned to the United States until the pregnancy is resolved and the member is medically evaluated and cleared to return to duty.

Ms. SANCHEZ. When will the Department adopt a clear, consistent, and standardized definition of sexual assault?

Dr. CHU. DoD will soon convene a summit of senior leaders and recognized experts on sexual assault. Among their tasks will be to establish a clear, consistent, and standardized definition of sexual assault and related sexual behavior terms. We anticipate that standardized definitions will be adopted shortly thereafter.

Ms. SANCHEZ. There is no consistency or uniformity in the delivery of services to victims of sexual assault within each branch of the military. All of these task force reports indicate this. Does DoD have a time line as to when each branch will have set procedures in place?

Dr. CHU. The task force recognized the need for consistent standards throughout DoD. Procedures are needed to achieve consistent standards, and those procedures will be developed by the Services under Department-wide guidelines. The Victim Advocates program will draw those policies and procedures together; we will put those procedures in place as soon as possible.

Ms. SANCHEZ. As I stated in my opening remarks, we are in an age where all branches of the military are working together. Joint operability is the modus operandi for combat situations. When will we see joint operability in terms of personnel issues?

Dr. CHU. The Department has already achieved a significant degree of joint interoperability on personnel issues, and is pressing ahead to achieve an even greater degree in the years ahead. For example, it is working to improve interoperability at execution of personnel and pay actions through the development of a single integrated military personnel and pay management system. The Defense Integrated Military Human Resources System (DIMHRS) will consolidate 80 legacy personnel and pay systems across the Services into a single all Service/component integrated personnel and pay management system, and will standardize personnel and pay policies and processes. As one example of joint operability, DMHRS will provide a cross-Service support capability, allowing a member from one Service to obtain support from another Service's personnel and pay support function.

DIMHRS will collect, maintain, and process personnel and pay actions using a standard set of rules and data, further promoting joint operability. DIMHRS will use a single database, and will consist of standard data and standard definitions for all personnel and pay related information across all Services/components. Joint operability will become inherent within policy analysis and decision making activities as a result.

DIMHRS is planned to begin deployment to the Army in September 2005 and to the other Services approximately six months later. At full operating capability, the means to maintain and enforce joint operability within personnel and pay management will be significantly improved.

Ms. SANCHEZ. DoD has no mandated requirement to provide advocacy for sexual assault victims. There is no one person who serves and caters to the needs of sexual assault victims. This is the number one recommendation from Ms. Embrey's report. Is DoD looking to create such a position? If so, when?

Dr. CHU. Senior leaders have already indicated their desire to implement this concept. DoD will soon convene a summit of senior leaders and recognized experts on sexual assault. The summit will consider how to define the role of the Victim Advocates. The Navy and Marine Corps already have the victim advocates role integrated into the combat environment.

Ms. SANCHEZ. The use of alcohol is often a factor in cases of sexual assault. How are you/the Services addressing issues of alcohol use and abuse by Service members?

Dr. CHU. In 2000, DoD recognized that prevention was not being adequately addressed. The Department established the Alcohol Abuse and Tobacco Use Reduction Committee to reduce the prevalence of heavy drinking within the military by changing DoD officials' focus on alcohol abuse from treatment to prevention. Senior Defense officials have reinforced our recent efforts.

Our vigorous prevention efforts augment our well established and well-documented treatment plans for alcohol abuse.

Ms. SANCHEZ. When victims of sexual assault have been engaged in minor misconduct prior to the sexual assault, it presents a challenge for a commander. Addressing a victim's minor misconduct prior to the resolution of the sexual assault allegations is perceived by many personnel as unfair. I understand that the Navy has a policy of delaying prosecution of the minor offenses until after the major defense has been dealt with. Do any of the other services have a similar policy?

Dr. CHU. This issue was raised in our report, and it is our view that we need to establish DoD wide policy addressing it. The Navy program was highlighted in the report as an example on which a DoD policy could be modeled because it stresses that every case must be viewed individually.

Ms. SANCHEZ. What is the timeline for implementing the new lesson plans in Army schools?

Secretary BROWN. The Training and Doctrine Command (TRADOC) contractor can develop the lesson plans in 60-90 days after receiving the approved policy, program, and funding. Then, 30-60 days from completion of development, TRADOC schools can train instructors and begin training, with an estimated target date of not later than 30 November 2004.

Ms. SANCHEZ. When will the training support packages be delivered to Army Reserve Officer Training Corps (ROTC) and Professional Military Education courses?

Secretary BROWN. The completed training support packages (TSP) are electronically posted on the Reimer Digital Library on completion and are available to all elements of the Army. This will also be targeted for completion not later than 30 November 2004.

Ms. SANCHEZ. When will training support packages be delivered to the field for refresher, human relations and pre-deployment training at the unit level?

Secretary BROWN. The completed soldier and leader TSPs posted on the Reimer Digital Library will be available for training by units. This will give commanders the information required to conduct unit training. This will also be targeted for completion not later than 30 November 2004.

Ms. SANCHEZ. The Marines deployed victim advocates with the force deployed to Iraq for OIF 2. Will the Army deploy victim advocates with OIF 2.5 and 3 forces? When will you implement the recommendations to create a system of victim advocates throughout the Army?

Secretary BROWN. One of the recommendations from the Task Force on Sexual Assault Policies was to establish a policy and program structure to provide support to sexual assault victims through Victim Advocates (VA) and Victim Advocate Coordinators (VAC). The Army is currently staffing a draft policy that will place VACs at the Installation level while assigning as a collateral duty a minimum of two soldiers at battalion or equivalent level for all deployments. The installation VAC will have the responsibility of integrating and coordinating victim services at the installation while VA's will serve to assist victims of sexual assault in securing basic needs and serve as a companion throughout the medical, investigative and judicial process. Since this is considered a collateral duty, VA's must undergo training to deal with victims of sexual assault. The Army is aggressively pursuing implementing VAC's and VA's throughout the Army to include deployments by first quarter of CY 05.

Ms. SANCHEZ. Can you outline victim support services available to soldiers who suffer sexual assault in Iraq? Do you believe that these services are adequate? What have you done to improve these services since our inquiry in Jan. 04?

Secretary BROWN. All victim support services are available in the deployed environment. Services include:

- military police and investigations,
- legal assistance (to include Victim Witness Liaisons),
- medical services (including medical treatment facilities, trained medical and psychological personnel), and
- chaplains.

In its report to the Acting Secretary of the Army the Task Force on Sexual Assault Policies identified several areas for improvement. We are in the process now

of implementing those recommendations. As outlined in the Task Force report the availability of services for victim support in deployed environments is not integrated. Therefore the Army has begun development and implementation of a victim advocate program to ensure that appropriate services are offered and provided, and that necessary follow-up is conducted to care for victims. The program will provide integrated victim services and ensure that the availability of services is effectively communicated throughout the Army. The Army's program will establish victim-centered procedures informing commanders, Soldiers, and staff of the location and availability of military and civilian resources for both the garrison and deployed environments. The program will consist of the following elements:

- Trained victim advocates at the battalion or equivalent level.
- An integrated, division-level command/installation level victim advocate coordinator with responsibility to integrate and coordinate victim services.

Ms. SANCHEZ. How many CSH and FHs are there in Iraq and where are they? Do they all have qualified rape trauma counselors? Do they all have personnel trained to perform rape kit examinations?

Secretary BROWN. There are two Combat Support Hospitals (CSH) in Iraq conducting split based operations. Their locations are classified, however, there are licensed/certified behavioral health professionals available for soldiers for psychological counseling. The services they provide in a deployment includes:

- informal advice and coaching support at the Soldier's duty station;
- crisis intervention sessions and assistance;
- brief psychotherapies including cognitive behavioral and/or psycho-dynamically guided therapy involving multiple appointments;
- holding for 1-3 days in a combat stress control "fitness center" or at a combat support hospital, away from the unit and major stresses, where counseling is combined with milieu therapy in a military context.

Additionally, chaplains assigned to combat battalions, higher headquarters and hospitals are available to provide pastoral support. Some chaplains have special qualifications to provide pastoral counseling to victims of sexual assault.

There are many different types of behavioral health professionals in OIF and OEF. (See TAB A below). The behavioral health professionals are assigned or attached to Army division mental health sections, Combat Stress Control (CSC) units, Combat Support Hospitals (CSH), the Navy mental health support to the Marine Expeditionary Force, a Navy fleet hospital in Kuwait, and the US Air Force CSC teams in Kuwait and Afghanistan. The numbers annotated at TAB A are subject to change based on turnover within units and rotation of units. One Army psychiatrist was recently evacuated for wounds in action and may not yet have been replaced. Two Army CSC units are included that have recently arrived in the OIF theater whose teams have not yet been distributed. One Army CSC unit is counted that was held over from OIF 1, and will redeploy when it is released.

Over 100 rape kits are available in theater. Kits are kept at CSHs and all emergency medical technicians and the examining physicians are trained to perform rape kit examinations. Kits are not kept at Battalion Aid Stations or Medical companies due to strict chain of custody requirements.

The Medical Brigade in Iraq has responsibility for medical and mental health. The Medical Brigade has standing operating procedures in place for responding to victims of sexual assault as well as standard procedures for case tracking compliance. The Medical Brigade also has a standard form for tracking compliance. Recently, training package was deployed to train any responder to sexual assault cases. Lastly, if a case occurs in an area of operations that does not have personnel trained in this process, the policy is to move the patient to where definitive care is available, separating the alleged victim from the alleged offender, and maximizing exposure to the support network.

TAB A Behavioral health officers ("trauma counselors") in Operation Iraqi Freedom (Iraq and Kuwait) and in Operation Enduring Freedom (Afghanistan) in mid-June 2004.

(Includes Army, Navy, Air Force) Numbers are approximate because of personnel and unit rotations.

PROFESSIONAL SPECIALTY	IRAQ	KUWAIT	AFGHAN
Psychiatry	14	3	3
Clinical Psychology	16	1	1
Social Work	15	2	1
Psychiatric Nursing	10	2	0
TOTAL	55	8	5

QUESTIONS SUBMITTED BY MS. TAUSCHER

Ms. TAUSCHER. In your opening remarks, you stated that after more than a dozen task forces and panels, it is time for action. In your opinion, of all the things that have been discussed so far, what is the most important step that DOD can take right now that will have an immediate impact on our soldiers' safety? Reforming Article 120 of the UCMJ?

Mr. BERKOWITZ. While we believe that reforming the UCMJ to be more in line with Title 18 of the U.S. Code regarding sexual assault and rape is important, we believe that the most important step that DOD can take right now is to recognize and utilize existing confidential services available to our forces and ultimately contract with civilian experts to provide confidential services to victims outside the DOD's system of health services.

A confidential system for receiving services would allow victims to deal with their personal trauma, their physical wounds and their emotional scars on their own terms, without fear for their rank or their careers and without their peers, bunkmates and superiors necessarily knowing the circumstances.

We have learned some very valuable lessons in the civilian world that we believe can be applied to the military world. Through these lessons, we have concluded that confidential services are vital to success.

- Victims who receive prompt, quality, confidential crisis counseling return to full strength more quickly. This makes them better able to carry out their job and family responsibilities. It also makes them more likely to report their attack to law enforcement officials.
- More reports to law enforcement means more prosecutions.
- More prosecutions lead to fewer sexual assaults.

Ms. TAUSCHER. In addition, we have learned that sexual assault and domestic violence are not the same and cannot be treated or addressed in the same manner.

In the civilian world, rape is down by half since 1993 while reporting of rape is up by half and prosecution of rape cases is increasing. Adopting these ideas and learning from these lessons could lead to the same positive results in the military.

Can you give the committee any reason why we should hold off on replacing the rape and sodomy provisions of the UCMJ with a new statute based on Title 18 of the U.S. Code? In making this change, is there any possible way, in your opinion, that it would cause an offender not to get prosecuted to the fullest extent of the law?

Mr. BERKOWITZ. We endorse immediate action to adopt a clear, consistent and standardized definition of sexual assault, based on Title 18. We do not believe this revision would hinder prosecution in any way.

Ms. TAUSCHER. In your testimony you recommended training civilian counselors in the nuances of military culture and procedure so that they can provide quality confidential services to victims. How do you envision this training will be organized?

Mr. BERKOWITZ. With input from service members and civilian counselors, we would design a training module with relevant information about military culture, legal and health service procedure, and military options for services and reporting. The training would be implemented in two ways:

1. The more than 10,000 trained counselors at our 1,100 local affiliates could access and complete the training on our website.
2. We would provide the training module to each of our 1,100 local affiliates for inclusion in their existing new counselor training and continuing education training.

In addition, detailed information about military services and reporting, including base-specific options, could be made available to counselors on our website.

Ms. TAUSCHER. Ideally, the training of counselors will tie into the training of service members, so that counselors at centers nearby bases will participate in base trainings and get to know base leadership.

Counselors affiliated with the National Sexual Assault Hotline are currently trained and available to provide support and advice to victims who call the hotline, provide immediate crisis intervention after an attack, accompany victims to the hospital and police department, provide guidance on civilian civil and criminal legal matters, act as liaison between victims and healthcare and legal victim services, and provide up to 6-months of in-person counseling. By providing these same counselors with information on the nuances of military law, justice and protocol, counselors would be equipped to oversee and assist in a military victim's process of healing and recovering from the attack, prosecuting the offender and reintegrating back into work and family life.

One of the consistent messages from the many reviews of sexual assault in the military and from our witnesses today is that sexual assault is an underreported crime for a variety of reasons. What changes to policies or practices in the military most would encourage victims to report allegations of sexual assault.

Mr. BERKOWITZ. Most victims—civilian or military—are extremely reluctant to report their attack, discuss it or reach out for help. There is no simple answer to this dilemma, no one step (or series of steps) that will drastically increase the reporting rate. But there are two main changes that would start the process and, over time, lead to a much higher reporting rate.

1. Very strong and forceful statements and close supervision by military leaders, from civilian leaders at the Pentagon to base commanders and their aides. Leadership must stress over and over that each service has a renewed focus on sexual assault and will not tolerate assaults.

These words must then be backed up by high-profile prosecutions. Only once service members see a colleague receive a harsh sentence will they start to believe the rhetoric. And only by witnessing such treatment of offenders will victims be more comfortable coming forward.

2. Providing victims access to confidential counseling services. As I discussed above (and as studies from the University of Illinois and others have shown), victims who receive quality, confidential help soon after their attack are far more likely to report and pursue prosecution. Such counseling gets them over the initial crisis, and helps them avoid self-recrimination and other psychological barriers to reporting.

The task force's own findings state that in seeking services to address and report a sexual assault "focus groups . . . expressed a preference to use outside sources, if available near the installation." In the military, there is no confidentiality in the health services system, and in order to access services a victim must engage the chain of command. This system adds privacy and career worries to a list of concerns that, after a sexual assault, is already a mile long.

Given the strong opposition of many military leaders to allowing on-base confidentiality, we strongly urge the use of civilian confidential counseling resources. Part of the mission of these civilian counselors should be to urge victims to report their attack to military law enforcement and to pursue prosecution.

Ms. TAUSCHER. I see in our hearing packet that you have provided us with a report on the Air Force's investigation into sexual assault allegations at Sheppard Air Force Base and a report on the Pacific Division sexual assault investigation.

Is the Air Force conducting a more general report that looks at overall policies and procedures?

Secretary DOMINGUEZ. Yes. My written testimony contains an executive summary of our effort. An in-depth report of the Air Force-wide assessment, to include findings and actionable items is being coordinated internally. We will be happy to furnish the Subcommittee a copy of the report upon publication.

Ms. TAUSCHER. How is the progress in implementing the Pacific Air Force Sexual Assault Study Action Plan?

Secretary DOMINGUEZ. On 19 May 2004, General William J. Begert, Commander of Pacific Air Forces, surveyed all PACAF installations to assess Action Plan progress. He found that all his wing commanders have either already implemented or are aggressively working toward implementing all action items. Based on the feedback he received from this survey, as well as the results of a detailed examination and discussion of sexual assault during the April PACAF Commanders' Conference at Hickam AFB, General Begert just issued a Supplemental Action Plan that reinforces some of the original action items and will remedy a few problems not previously addressed. [The PACAF Supplemental Action Plan can be found in the Appendix on page 295.]

Ms. TAUSCHER. Mr. Secretary, I understand the Air Force has detailed policy and procedures to ensure threatened airmen can be moved when credible threat is validated.

You use the Threatened Airman Program as the basic tool for command. Could you briefly describe this program? Are there any parts you feel might need to be changed?

Secretary DOMINGUEZ. An installation commander may utilize the "Threatened Person Assignment" program to rapidly reassign a military member and his/her dependents away from a life-threatening situation when threats of bodily harm or death made against the military member or dependents are of such severity that military or civil authorities are unable to provide for the family's safety. Reassignments may be temporary or permanent depending upon the situation. The program is working as intended for these situations. As we continue to work these issues, we will assess whether commanders have the needed flexibility for dealing with all parties to an allegation of sexual assault. Our assessment will then guide appropriate policy changes.

Ms. TAUSCHER. The use of alcohol is often a factor in cases of sexual assault. How are you the services addressing issues of alcohol use and abuse by service members?

Secretary DOMINGUEZ. Our Alcohol & Drug Abuse Prevention Training (ADAPT) initiative consists of programs that educate members concerning the physical and mental effects of alcohol consumption; about how to prevent alcohol abuse; and provides information on seeking assistance with alcohol abuse and the problems it generates. Our commanders are involved in reminding members of the consequences of heavy drinking and encouraging them to limit their consumption of alcoholic beverages. This message is repeated at commanders' calls, through base newspapers, and through e-mail reminders. As a result, as reported in the 2002 DoD Survey of Health-Related Behaviors Among Military Personnel, the percent of Air Force survey respondents identified as moderate or heavy drinkers declined from 31.5% in 1985 to 23.5% in 2002.

Together with our Sister Services and the Office of the Secretary of Defense (OSD), we are re-examining our alcohol abuse prevention programs and incorporating more web-based programs into our inventory of prevention and treatment programs. We are also working closely with experts in the area of alcohol abuse prevention and treatment to develop effective programs. For example, the SHARP (Stronger Health through Abuse Reduction and Prevention) program is testing new population-based screening, prevention and early intervention efforts, TEAM (Training to Enhance Airmen's Motivation) is training our substance abuse workers in state-of-the-art methods, and we're improving and standardizing our assessment, treatment and aftercare processes with the SUAT (Substance Use Assessment Tool). We're also planning to test a comprehensive, integrated community approach with the CSAPP (Comprehensive Substance Abuse Prevention Plan), trying to ascertain the key factors involved in initiating or returning to heavy alcohol use with the Alcohol and Tobacco Study (a longitudinal survey of Technical Training students). We also have other activities underway in youth outreach and new treatment approaches.

Mr. NAVAS. The Service conducts Navy Alcohol and Drug Abuse Prevention (NADAP) Summits annually in fleet concentration areas. A Sexual Assault Victim Intervention (SAVI) display, providing information and handouts on sexual assault has become an integral part of each NADAP Summit. Handouts are included as part of the SAVI display with topic titles such as, "If You Are Raped" and "If Someone You Know Is Raped." These handouts are available for attendees to take back to their commands. Ordering information for the U.S. Navy Video "Preventing Sexual Assault" is provided and a copy of the Center For Personal Development General Military Training-CD "SAVI: Putting the Pieces Together" is also on display and available. The affect of drugs and alcohol on risk behaviors associated with rape, sexual assault, spouse/child abuse, drunk driving, and sexually transmitted diseases

are components not only of the NADAP Summits but are reinforced in mandatory military training courses for Navy personnel throughout their careers.

Ms. EMBREY. In 2000, DoD recognized that prevention was not being adequately addressed. The Department established the Alcohol Abuse and Tobacco Use Reduction Committee to reduce the prevalence of heavy drinking within the military by changing DoD officials' focus on alcohol abuse from treatment to prevention. Senior Defense officials have reinforced our recent efforts.

Our vigorous prevention efforts augment our well established and well-documented treatment plans for alcohol abuse.

Ms. TAUSCHER. When victims of sexual assault have been engaged in minor misconduct prior to the sexual assault, it presents a challenge for a commander. Addressing a victim's minor misconduct prior to resolution of the sexual assault allegation is perceived by many personnel as unfair. I understand that the Navy has a policy of delaying prosecution of the minor offense until after the major defense has been dealt with. Do any of the other services have a similar policy?

Secretary DOMINGUEZ. The Air Force does not have a policy that specifically requires delaying adjudication of a minor offense prior to resolution of a sexual assault allegation. Each commander exercises his or her own best judgment in determining how to appropriately handle a case. In some cases deferring action may be in the victim's and the Air Force's best interest, in other cases it may be detrimental to the victim or to the commander's ability to prosecute the sexual assault case. The timing of disciplinary action for behavior or performance infractions connected to sexual assaults emerged as a large issue during last year's look at the U.S. Air Force Academy. It did not loom large, however, in our recent Air Force wide assessment of sexual assault prevention and response activities.

Mr. NAVAS. Navy is not intimately familiar with other services' legal policies and cannot comment specifically to their implementation of these policies. The perception that Navy addresses a victim's minor misconduct prior to resolution of the sexual assault is misleading. While there is no Navy policy that expressly requires the delay of prosecution surrounding the victim's possible misconduct until after the sexual assault has been resolved, Navy policy does advise leadership to consider the circumstances of the assault and the impact to the victim before taking action against the victim.

Navy has a comprehensive Sexual Assault Victim Intervention (SAVI) program that keys on Prevention, Education and Support for Victims.

- The SAVI program policy directive states, "In cases where the victim's behavior may be considered an offense under the Uniformed Code of Military Justice (UCMJ) (e.g., fraternization, underage drinking, drunk and disorderly conduct), it is important to take into consideration the circumstances surrounding the assault and their impact on the victim before taking any appropriate administrative or disciplinary action against the victim".
- The military justice system, like the rest of the Navy is expeditionary in nature. Our forward-based ships and stations include personnel who are specifically trained in law enforcement and the military justice system. Navy has a robust capability to investigate allegations of criminal action, whenever and wherever they may occur. Even so, circumstances can present challenges to the timely prosecution of sexual assault cases, which can take from 4 to 6 months from incident to resolution.
- The Navy SAVI Program, provides clear instruction for dealing with sexual assault, which is a criminal act incompatible with the Department of Navy's core values, high standards of professionalism, and personal discipline. It states that, "DON will treat all victims of sexual assault with fairness and respect."

Ms. EMBREY. The issue was raised in our report, and it is our view that we need to establish DoD-wide policy addressing it. The Navy program was highlighted in the report as an example on which a DoD policy could be modeled because it stresses that every case must be viewed individually.

Ms. TAUSCHER. What are your recommendations for the right balance of providing confidentiality to allow consideration to the victim's needs and at the same time permitting commanders to take appropriate actions?

Mr. NAVAS. The Navy's governing reference for sexual assault policy is OPNAVINST 1752.1A, Sexual Assault Victim Intervention (SAVI) program. Three principle tenets of the SAVI Program are: prevent sexual assault through education and leadership, provide advocacy for victims of sexual assault, and report, track and analyze instances of sexual assault. There exists a delicate balance between victim confidentiality and Navy leadership's need for sexual assault data used to take ap-

propriate corrective action. The SAVI Program institutes a highly trained cadre of sexual assault victim advocates, some on a collateral duty basis and others who are full-time professional counselors. These victim advocates work directly with the victims, advising them of their rights, assisting and supporting the victims through the medical and evidentiary processes, and arranging for whatever services are required. Through it all, advocates assist victims to regain control over their lives following the physical and psychological trauma of the assault. In order to accomplish this, the victim must be empowered through the offering of choices and alternatives, as well as honoring the choices selected. The advocate has the responsibility to explain the choices and the consequences of each choice. As an example, the victim may request to remain anonymous, with all information about the case remaining confidential. In such a case, the advocate must explain to the victim that while their choice must be honored, doing so may prevent prosecution of the offender. Likewise, a victim may choose to forego the evidence collection process. However, doing so may again prevent prosecution of the offender.

Particularly in recent months as military sexual assault issues have been widely discussed in the media, Navy leadership must create reliable metrics on sexual assault cases in order to make needed improvements. The SAVI Program is victim-centered, advocacy based, but it is not a law enforcement program, and is therefore poorly equipped for addressing questions on the disposition of offenders. The metrics associated with SAVI have historically been both aggregated and de-personalized. However, that methodology is proving to be problematic in today's environment, particularly in regard to high-level requests for very specific information on individual cases. Questions regarding whether or not a particular victim received advocacy services, remained in military service, regained productivity, or was informed of the disposition of the offender, are difficult to address unless victim-identifying data is associated with the sexual assault incident.

At the present time, victim confidentiality will be maintained if the victim so desires. However, this issue will require thoughtful analysis over the coming months in order to determine what level of victim confidentiality could be sacrificed in order to obtain reliable case-specific data used to implement program improvements. Our recommendation at this time is to continue to allow victims to disclose only the information they choose, understanding that this policy may contribute to inaccurate Navy data on sexual assault cases and may understate the actual total of such assaults.

Ms. TAUSCHER. I am not sure if you can answer this question, as it relates to specific Marine policy. In terms of educating members on sexual assault, briefings by victim advocates are given to Marine commands upon request. Why are they only done if requested instead of as part of an annual orientation or training process?

Mr. NAVAS. Recent changes to the Marine Corps training requirements implemented training standards for sexual assault awareness and prevention. These standards are incorporated into the Marine Corps Common Skills Program to ensure that all Marines receive annual training in sexual assault prevention and response.

Ms. TAUSCHER. You only had 90 days to conduct your review and the military services conducted their reviews in about the same amount of time. However, if you had more time, what other areas of inquiry would you have pursued to gain a better understanding of the scope of the problem of sexual assault in the military and what we should do?

Ms. EMBREY. Given more time, our task force would have visited more locations, and devised a valid survey instrument to better capture relevant data, particularly on unreported sexual assaults. However, our task force was able to investigate every useful line of inquiry in the time allowed. With more time we may have explored some of those areas in more depth, but this subject does not require extensive study as much as it calls for near-term action. It may be prudent for other areas of inquiry to be pursued after our recommendations have been addressed.

Ms. TAUSCHER. Your report indicates that data systems and records on reports of sexual assault are incomplete and not integrated. As a result, the Department cannot identify or explain trends with respect to how cases are handled using current data collection methods. What have been the barriers to DoD and the services in terms of developing and fully implementing a better system of recording?

Ms. EMBREY. The primary barrier to developing and implementing a better system of recording sexual assaults has been the lack of central DoD-wide policy and protocols for preventing, responding to, and adjudicating sexual assault incidents. Reporting mechanisms in place do not capture all incidents and are not really designed for the purpose of providing data for DoD-wide longitudinal analysis. Higher levels of command do not generally understand or respond to sexual assault trends, and the Services do not pool their data or even compile it in compatible forms for

broad, DoD-wide analysis. Greater utilization of DIBRS (Defense Incident Based Reporting System) is needed.

Ms. TAUSCHER. What were some of the most valuable insights you received from consulting with non-DoD subject matter experts that will help enhance military prevention and response programs?

Ms. EMBREY. One of the most valuable insights gained from consulting with experts outside DoD was the fact that sexual assault risk factors in the military are not significantly different from those faced by civilians. This will allow us to make good use of available research done in the civilian world and to apply similar measures to those that have shown favorable results in analogous civilian situations.

Another important insight was that our approach to the problem impacts our effectiveness in reducing incidents. We were most intrigued by research on offenders and the use of a public health model for sexual assault matters in the force. We gained valuable perspectives from both the Department of Veterans Affairs and the Department of Justice and would support joint research projects with those departments.

Ms. TAUSCHER. What was DoD's reaction to the idea of providing off-base options to Service members seeking confidential services related to sexual assault?

Ms. EMBREY. Recognizing the importance of confidentiality, the Department whole-heartedly embraced off-base services related to sexual assault as one option to offer. It is the only option that currently offers complete confidentiality. DoD is committed to developing a system that will guarantee confidentiality. In the meantime, many installations already offer off-base options for sexual assault services, and confidential assistance is also available through the Army One Source program. Service members can call toll-free 24 hours a day, 7 days a week, and speak to a master's level consultant. They can also visit a counselor in person, in their local community, and have access to up to six in-person counseling sessions with a licensed counselor at no cost.

Ms. TAUSCHER. Privacy concerns are frequently cited in the task force reports as a barrier to sexual assault reporting. As you know, there are DOD and Service-level policies that govern the maintenance, storage, retrieval, and disclosure of personal information maintained in any DOD system of records. The policies state that personal information may be disclosed without the individual's consent to DOD officials who have a need to know in the performance of their assigned duties. I read that Army policy protects the identity of victims in police blotters. However, service members interviewed by Ms. Embrey's task force indicated that their information has been stored on computers on the shared drive which many people have access to. How can we reduce the number of people in the "need to know" category? Does this term need to be re-defined?

Secretary BROWN. It is Army policy that every victim of a crime be treated with fairness, dignity and a respect for privacy. Army Regulation 27-10, paragraph 18-10a.(1). Army Regulations 190-45 Law Enforcement Reporting and the provisions of AR 195-1 concerning criminal investigation activity prescribe restrictions on the dissemination of law enforcement reports and information. There is strict accountability on who may access information and automation systems contain audit trails to identify users who request information out of the data base and track any revisions to the reports in the data base. The Army law enforcement automated programs are modeled after the Criminal Justice Information Systems of the Federal Bureau of Investigation.

In practice it is difficult, if not impossible, to maintain total privacy for a sexual assault victim in actions under the Uniform Code of Military Justice (UCMJ). Investigations into allegations of sexual assault often involve fellow Soldiers in a unit who may be interviewed as witnesses or subjects of the investigation. The fellow Soldiers may receive facts during questioning to orient the Soldier to the events under investigation. UCMJ actions normally involve members of the accused Soldier's chain of command, escorts for the accused Soldier, and requirements that the victim and the accused Soldier attend proceedings. Accordingly, it is difficult to prevent allegations from becoming known within a unit at some point in the process of investigation and prosecution. However, we take very seriously our obligation to limit the access of information to those with an official need to know. We hope that implementation of two of the recommendations of the Task Force on Sexual Assault Policies will reinforce these principles. Those recommendations are in part:

1. Develop a comprehensive, progressive, and sequential program to train Soldiers and leaders in the prevention of and response to sexual assault.
2. Include sexual assault prevention and response programs as part of all PME courses.

Military police incident reports stored on shared computer drives are subject to the Privacy Act. Access to automated records is controlled by the systems adminis-

trator and restricted to personnel with a need to know as part of their official duties. User identities are assigned to personnel and access to portions of the system are granted or denied based upon an individuals' duty assignment. This is a common process used by the Federal Bureau of Investigation, and other state and federal law enforcement agencies. I do not believe that we need to change the concept of "official need to know", but to the extent that it is a problem, the new training should remind users of their obligations under the Privacy Act.

Ms. TAUSCHER. While DOD has no policy requiring a standard approach in preventing sexual assault, the UCMJ requires each enlisted member to be briefed on the UCMJ, including the articles of sexual assault, upon entering active duty, after 6 months of active duty, and upon re-enlistment. In terms of educating members, the Army requires sexual assault awareness and response training for Drill Sergeants and Initial Entry Soldiers. What else are you doing?

Secretary BROWN. Current Army training also includes sexual assault response training in the Senior Officer Legal Orientation Course. Based on the task force recommendations, the current training in initial entry training and Drill Sergeant School training will be expanded and will now be included in officer initial entry training. In addition, unit refresher training and three levels of leader training will be available by 30 September 2004. School instruction in all programs will begin by 30 November 2004.

Ms. TAUSCHER. There is a huge backlog of DNA evidence waiting for processing at the U.S. Army Criminal Investigation Laboratory (USACIL). Victims must wait six months to get lab reports back. This is utterly unacceptable. Are you hiring more people to process the kits?

Secretary BROWN. The USACIL is the only accredited full-service crime lab in the Federal Government, other than the FBI lab. The lab provides forensic examinations in the following disciplines: Drug Chemistry, Trace Evidence, Serology/DNA, Latent Prints, Questioned Documents, Imaging and Technical Services, Firearms and Toolmarks. The USACIL provides forensic laboratory services not only to the Army, but also to all DoD investigative agencies and some other Federal law enforcement agencies. The lab processes evidence from all over the world in felony level criminal investigations to include murder, attempted murder, aggravated assault, sexual assaults, war crimes, and theft. Investigations of crimes other than sexual assault often includes evidence involving DNA. The USACIL is also the channeling agent for all Armed Forces submissions of military convicted offender DNA profiles to the Federally mandated Convicted Offender DNA Index System (CODIS). The USACIL receives no funding or resources from the other Services for its laboratory support, and although it was designated as the DoD Executive Agency for CODIS, it received no additional funding or resourcing for that mission.

While the Army is dedicated to improving its performance in this arena, it should be noted that USACIL's current turn around time in processing DNA evidence is on par or better than other comparable state laboratories and the FBI Laboratory. USACIL's average time for all DNA cases (including rape kits) is 120 days. USACIL also makes provisions to expedite the processing of certain DNA cases based on criteria such as pending courts-martial or other priority needs.

There exists a misconception that DNA evidence collected at a crime scene can be run through a DoD "database" of military personnel to obtain a match in criminal cases. There is no such database. By law, samples of genetic containing material (blood or saliva) provided by service members for the purpose of identification when a service member is killed or missing cannot be used in criminal investigations unless a court order is obtained.

The CID has developed a plan for increasing manpower devoted to processing sexual assault and other DNA cases at USACIL in a timelier manner. In the short term, over-hiring of DNA analysts at USACIL has been approved and is occurring. Three DNA analysts have been hired, and additional recruiting actions are currently taking place. As a long-term solution to this problem, CID is developing a manpower concept plan to be submitted to Department of the Army for approval.

Beginning in Fiscal Year 2005, the Department of the Air Force has offered to fund the hiring of ten new DNA examiners at USACIL. If approved, these new examiners should dramatically reduce the turnaround time for all services. However, these additional examiners will require more laboratory space and laboratory equipment that is being planned for.

The U.S. Army Criminal Investigation Command and USACIL continue to examine the best business practices and apply them to the DNA examinations to make it the most efficient and effective process possible.

Ms. TAUSCHER. Your task force report stated that human relations training programs include prevention of sexual harassment but only address sexual assault prevention to a minor extent. It is only taught in Initial Entry Training; Drill Sergeant

School and the Senior Officer Legal Orientation Course. Is the Army going to be changing this policy and expanding the amount of information provided on sexual harassment?

Secretary BROWN. Army programs in prevention of sexual harassment currently include initial entry training, leader training and mandatory unit refresher training twice a year. The Army does not anticipate changing this policy. Sexual assault prevention training in initial entry training and Drill Sergeant School training will be expanded and will also be included in officer initial entry training. In addition, unit refresher training and three levels of leader training will be available by 30 September 2004.

Ms. TAUSCHER. Your task force determined that commanders took action when appraised of a sexual assault but did not always report the offenses to the MP, nor did they complete the Commander's Report of Disciplinary or Administrative Action (DA Form 4833). Because of this failure to report and file the appropriate forms, the Criminal Investigation Division did not have complete information in its database. The task force felt that this might contribute to the impression that commanders are indifferent to sexual assault. What, in your estimation, is the reason that commanders did not take the time to fill out these forms?

Secretary BROWN. Commanders have not been adequately informed of the importance of filling out and submitting a completed DA Form 4833. To improve command accountability and accuracy of data provided, a revised DA Form 4833, (which will be available to all commanders by the end of the month), must be signed by the first lieutenant colonel in the chain of command for all felony level offenses investigated by CID - this includes all sexual assaults as well as other serious crimes. A revision to Army command policy will require installation and unit provost marshals and staff judge advocates to establish local procedures to assist Special and General Court-Martial Convening Authorities in ensuring that the DA Form 4833 is completed and returned to law enforcement officials in every case. These revisions in policy and reporting format will foster a better understanding of the entire process and will support accountability.

Ms. TAUSCHER. How are you the services addressing issues of alcohol use and abuse by service members?

Secretary BROWN. The Army has several program elements in place to address issues of alcohol abuse.

(1) Universal Awareness Training. 4 hours per year for each Soldier. Army Installation Status Report Data indicates that 70 percent were able to meet the established standard in Fiscal Year 2003 in spite of the Global War on Terrorism.

(2) Unit Prevention Leader Training Program. The Army appoints one to two Soldiers from each Company-sized unit to be the line commander's asset in obtaining and providing prevention/education material on substance abuse. They must be trained and certified, and re-certified each year. Between 5,000-6,000 Soldiers go through this training each year.

(3) Indicated Prevention for Individuals. Soldiers referred to and evaluated by the substance abuse counseling center and determined to require educational intervention but not outpatient treatment receive 12-40 hours of group prevention/education training.

(4) Indicated Prevention for Units. The Army uses a Risk Reduction Program to identify high-risk units for alcohol abuse. Although proven commercially available group intervention programs that are suitable for use in these units exist, there is no funding to provide these intervention programs.

(5) Army policy on underage drinking. Current Army policy provides for local exceptions to allow underage drinking in outside continental United States (OCONUS) locations and in CONUS locations where extenuating circumstances exist e.g., proximity to the border with Mexico. This policy will be re-examined to determine if it is contributing to alcohol abuse and subsequent high-risk behaviors in these locations.

Ms. TAUSCHER. When victims of sexual assault have been engaged in minor misconduct prior to the sexual assault, it presents a challenge for a commander. Addressing a victim's minor misconduct prior to resolution of the sexual assault allegation is perceived by many personnel as unfair. I understand that the Navy has a policy of delaying prosecution of the minor offense until after the major offense has been dealt with. Do any of the other services have a similar policy?

Secretary BROWN. There is currently no Army policy concerning this specific issue. However, Army commanders make these decisions under Rule for Courts-Martial 306, Manual for Courts-Martial, and should consider all facts and circumstances of a given incident. They also have judge advocates available to assist them in making these determinations.

The Army task force recognized that the timing of actions taken against victims for minor offenses related to a sexual assault can have a negative impact on victim reporting, therefore it has recommended that each commander be reminded that they have discretion to delay action against a victim for his or her alleged minor misconduct related to the sexual assault allegation.



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